EF-267-L2-R00-0617-03000663-1

BOE-267-L2 (P1) (06-17)

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA

James B Rooney Assessor of Amador County

EMAIL ADDRESS

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

| nis claim is filed for fiscal year 20 — 20 | | | | | |
|---|--|---|---|---|--|
| his is a Supplemental Affidavit filed with | | | | | |
| BOE-267, Claim for Welfare Exemption (First Fili | ng) | | | | |
| BOE-267-A, Claim for Welfare Exemption (Annual Filing) | | | | | |
| the case of a claim, for low-income rental housing prability company, that does not receive government final ertain limit if 90 percent or more of the occupants of the property of the Health and Safety Code. The tot of a taxpayer, with respect to a single property or multiple ust complete this affidavit if you checked box C(3) in Sef section 214(g)(1)(C). | ancing or receive lo property are lower in al exemption amou le properties, may r | w-income housing tax on ncome households whose the allowed under Reven not exceed ten million do | credits, may qualify for se rent does not exceed ue and Taxation Code sollars (\$10,000,000) in a | exemption up to the rent prescribe section 214(g)(1)(0 ssessed value. Yo | |
| ECTION 1. IDENTIFICATION OF APPLICANT AND IDE | ENTIFICATION OF | PROPERTY | Ta | | |
| ame of Organization | | | Corporate ID or LLC N | te ID or LLC Number | |
| ddress of Property (number and street) | | | | | |
| ity, County, Zip Code | | | | | |
| Address/Unit Number | No. of Persons in Household | | Maximum Allowable Rent That Can Be Charged | Actual Rent Charged | |
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| I certify (or declare) under penalty of perjury under the la any accompanying statements or docum | CERTIFIC ws of the State of Ca nents, is true, correct | lifornia that the foregoing | and all information conta t of my knowledge and bo | ined herein, includi elief. | |
| NAME OF CLAIMANT | 1 | TITLE | | DATE | |
| SIGNATURE OF CLAIMANT | DAYTIME TEL | EDHONE | EMAIL ADDRESS | | |

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE

SIGNATURE OF CLAIMANT

INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA

FILING OF AFFIDAVIT

This affidavit is required under the provisions of sections 214(g)(1)(C), 214.17, and 259.14 of the Revenue and Taxation Code and must be filed when seeking exemption on low-income housing property, owned and operated by a nonprofit organization or eligible limited liability company, that <u>does not</u> receive government financing or state/federal low-income housing tax credits. A separate affidavit must be filed for each location upon which you are seeking exemption under the provisions of section 214(g)(1)(C). This affidavit supplements the claim for Welfare Exemption and must be filed, for certain properties, with the County Assessor by February 15 to avoid a late filing penalty under section 270. If you indicated on supplemental affidavit form BOE-267-L that you seek exemption under the criteria of Revenue and Taxation code section 214(g)(1)(C), by checking box (C)(3) in SECTION 3 of that form, you must complete and file this form; failure to do so will result in denial of the exemption. In accordance with Revenue and Taxation Code section 259.14, the Assessor shall keep this information confidential.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2018 would enter "2018-2019" on line four of the claim; a "2017-2018" entry on a claim filed in February 2018 would signify that a late claim was being filed for the preceding fiscal year.

SECTION 1. Identification of Applicant and Property

Identify the name of the organization seeking exemption on the low-income housing property, corporate identification number or LLC number assigned by the California Secretary of State. Identify the location of the low-income housing property and county in which the property is located.

SECTION 2. Household Information

Provide the requested household information on all units occupied by lower income households for which the organization is seeking exemption. This listing must include all households for which exemption is sought in Section 4 of form BOE-267-L, Welfare Exemption Supplemental Affidavit, Housing—Lower Income Households.

