BOE-267-L2 (P1) REV 03 (05-21)

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

Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

This claim is filed for fiscal year 20 — 20	_					
This is a Supplemental Affidavit filed with						
☐ BOE-267, Claim for Welfare Exemption (F	irst Filing)					
☐ BOE-267-A, Claim for Welfare Exemption	(Annual Filing)					
In the case of a claim, for low-income rental hous liability company, that does not receive governme certain limit if 90 percent or more of the occupants by Section 50053 of the Health and Safety Code. The taxpayer, with respect to a single property or mu must complete this affidavit if you checked box C(3 of section 214(g)(1)(C).	ent financing o of the property ne total exempt Itiple propertie	r receive are lower ion amou s, may no	low-income housing tax income households who int allowed under Revenue t exceed twenty million d	credits, may qualify fo se rent does not exceed a and Taxation Code se ollars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You	
SECTION 1. IDENTIFICATION OF APPLICANT AI	ND IDENTIFIC	ATION O	F PROPERTY			
Name of Organization				Corporate ID or LLC Number		
Address of Property (number and street)						
City, County, Zip Code				Assessor's Parcel/Assessment Number(s)		
maximum rent that can be charged to the household, as necessary. Report information for each unit that wa Address/Unit Number	s reported in Se		art B of form BOE-267-L.	Maximum Allowable Rent That Can Be	Actual Rent Charged to	
				Charged for the Unit	the Tenant	
I certify (or declare) under penalty of perjury under	r the laws of the		FICATION California that the foregoing	and all information contr	ained herein including	
any accompanying statements or	documents, is	true, corre	ct, and complete to the bes	t of my knowledge and b	elief.	
NAME OF CLAIMANT			TITLE		DATE	
SIGNATURE OF CLAIMANT			ELEPHONE	EMAIL ADDRESS	EMAIL ADDRESS	

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, the county in which the property is located, and the assessor's parcel number or assessment number of the property.

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.

