This claim is filed for fiscal year 20 ____ — 20 ____

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

Robert Menvielle Imperial County Assessor

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300

Website: assessor.imperialcounty.org

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

ils is a Supplemental Affidavit filed with				
☐ BOE-267, Claim for Welfare Exemption (First	Filing)			
☐ BOE-267-A, Claim for Welfare Exemption (An	nual Filing)			
the case of a claim, for low-income rental housing bility company, that does not receive government rtain limit if 90 percent or more of the occupants of the Section 50053 of the Health and Safety Code. The transpayer, with respect to a single property or multiplust complete this affidavit if you checked box C(3) in section 214(g)(1)(C).	financing or receive low- he property are lower inc- otal exemption amount a le properties, may not ex n Section 3 of form BOE-2	income housing tax of ome households whos llowed under Revenue ceed twenty million do 167-L indicating you ar	credits, may qualify for se rent does not exceed and Taxation Code se bllars (\$20,000,000) in a	r exemption up to I the rent prescribe ction 214(g)(1)(C) to assessed value. Yo
me of Organization			Corporate ID or LLC I	Number
ga <u></u> a	s of Organization			TOTAL
dress of Property (number and street)				
unty, Zip Code			Assessor's Parcel/Assessment Number(s)	
List of Qualified Households ction 259.14 of the Revenue and Taxation Code provi-				
orting the following information on the units occupied ximum rent that can be charged to the household, and	by lower income househol the actual rent. Use the tal	ds for which exemption ble below to provide the	is claimed: the actual h	ousehold income, th
orting the following information on the units occupied ximum rent that can be charged to the household, and necessary. Report information for each unit that was re	by lower income househol the actual rent. Use the tal eported in Section 4, part B	ds for which exemption ble below to provide the of form BOE-267-L. Annual Household	is claimed: the actual h required information. At Maximum Allowable Rent That Can Be	ousehold income, the tach additional shee Actual Rent Charged to
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porting the following information on the units occupied aximum rent that can be charged to the household, and necessary. Report information for each unit that was re Address/Unit Number I certify (or declare) under penalty of perjury under the	by lower income househol the actual rent. Use the tal eported in Section 4, part B No. of Persons in Household CERTIFICA e laws of the State of Califo	ds for which exemption ble below to provide the of form BOE-267-L. Annual Household Income TION Trion that the foregoing and complete to the best	is claimed: the actual h required information. At Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant

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.

