This claim is filed for fiscal year 20 ____ - 20 ___

BOE-267-L2 (P1) REV 02 (05-19)

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

County of Inyo
Dave Stottlemyre, Assessor

EMAIL ADDRESS

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This is a S	upplemental Affidavit filed with				
	BOE-267, Claim for Welfare Exemption (First	st Filing)			
	BOE-267-A, Claim for Welfare Exemption (A	nnual Filing)			
liability co certain lim by Section a taxpayer must com	se of a claim, for low-income rental housing ompany, that does not receive government if if 90 percent or more of the occupants of a 50053 of the Health and Safety Code. The r, with respect to a single property or multiplete this affidavit if you checked box C(3) 214(g)(1)(C).	t financing or receive low the property are lower inc total exemption amount a ple properties, may not ex	income housing tax of ome households whos llowed under Revenue ceed twenty million do	credits, may qualify for se rent does not exceed and Taxation Code second blars (\$20,000,000) in a	exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You
SECTION	1. IDENTIFICATION OF APPLICANT AND	D IDENTIFICATION OF PR	ROPERTY		
Name of Organization			Corporate ID or LLC Number		
Address of	Froperty (number and street)				
City, Count	ty, Zip Code				
Section 25 an affidavi income, th	Qualified Households 59.14 of the California Revenue and Taxation it reporting the following information on the ur ne maximum rent that can be charged to the sheets as necessary. Report information for e	nits occupied by lower incon household, and the actual i	ne households for whic rent. Use the table belo	h exemption is claimed: w to provide the require	the actual household
I certif	y (or declare) under penalty of perjury under to any accompanying statements or d	CERTIFICA he laws of the State of Califo	ornia that the foregoing	and all information conta	ined herein, including
NAME OF	CLAIMANT	TITI		. s. my knowledge and bl	DATE

DAYTIME TELEPHONE

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.

