This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_\_

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

# Kristine Lee Kings County Assessor

1400 W. Lacey Blvd. Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

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

This is a S	upplemental Affidavit filed with				
	BOE-267, Claim for Welfare Exemption (First Fi	ling)			
	BOE-267-A, Claim for Welfare Exemption (Annual)	ual Filing)			
liability co certain lim by Section a taxpayen must com	se of a claim, for low-income rental housing pompany, that does not receive government fir nit if 90 percent or more of the occupants of the n 50053 of the Health and Safety Code. The tot r, with respect to a single property or multiple plete this affidavit if you checked box C(3) in S a 214(g)(1)(C).	nancing or receive low- property are lower inco al exemption amount al 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 to and Taxation Code sec ollars (\$20,000,000) in as	exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You
SECTION	1. IDENTIFICATION OF APPLICANT AND ID	ENTIFICATION OF PR	ROPERTY		
Name of O	Organization	Corporate ID or LLC Number			
Address of	f Property (number and street)				
City, Count	ty, Zip Code	Assessor's Parcel/Assessment Number(s)			
SECTION	2. HOUSEHOLD INFORMATION			I .	
A. List of	Qualified Households				
reporting t maximum	59.14 of the Revenue and Taxation Code provide the following information on the units occupied by rent that can be charged to the household, and th ary. Report information for each unit that was rep	lower income household e actual rent. Use the tab	ds for which exemption ble below to provide the	is claimed: the actual ho	usehold income, the
	Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
I certif	y (or declare) under penalty of perjury under the l any accompanying statements or docu	CERTIFICA aws of the State of Califo ments, is true, correct, a	ornia that the foregoing	and all information contain t of my knowledge and be	ned herein, including lief.
NAME OF	CLAIMANT	ТІТІ	.E		DATE
SIGNATUR	RE OF CLAIMANT	DAYTIME TELEP	HONE	EMAIL ADDRESS	
	THIS DOCUMENT IS CONFIDE		T 011D 150T TO D		\=

# 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 does not 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.

