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

Richard Ford
<b>County Assessor-Recorder</b>
Lake County Courthouse

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

EMAIL ADDRESS

Fax: 707-263-3703

This is a Supplemental Affidavit filed with  BOE-267, Claim for Welfare Exemption (F	First Filing)			
BOE-267-A, Claim for Welfare Exemption (	σ,			
BOL-207-A, Claim for Wellare Exemption	(Ailitual Filling)			
In the case of a claim, for low-income rental hou 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 ataxpayer, with respect to a single property or mumust complete this affidavit if you checked box C(sof section 214(g)(1)(C).	ent financing or receive low- of the property are lower inco he total exemption amount al ultiple properties, may not ex	income housing tax of ome households whos lowed under Revenue ceed twenty million do	credits, may qualify for e se rent does not exceed the and Taxation Code section collars (\$20,000,000) in ass	exemption up to a ne rent prescribed on 214(g)(1)(C) to sessed value. You
SECTION 1. IDENTIFICATION OF APPLICANT A  Name of Organization	ND IDENTIFICATION OF PR	OPERTY	Corporate ID or LLC Nu	mber
			Corporate IB or EEO Number	
Address of Property (number and street)				
City, County, Zip Code				
A. List of Qualified Households  Section 259.14 of the California Revenue and Taxati an affidavit reporting the following information on the income, the maximum rent that can be charged to the additional sheets as necessary. Report information for Address/Unit Number	units occupied by lower incom ne household, and the actual r	ne households for which ent. Use the table belo	h exemption is claimed: the w to provide the required	e actual household information. Attach
Address/one Names	Household	Income	Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
I certify (or declare) under penalty of perjury unde	CERTIFICA or the laws of the State of Califo	rnia that the foregoing	and all information contain	ed herein, including

DAYTIME TELEPHONE

NAME OF CLAIMANT

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.

