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

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

Vincent P. Kehoe County of Mariposa Assessor/Recorder

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332

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 F	iling)				
	BOE-267-A, Claim for Welfare Exemption (Ann	ual Filing)				
liability co certain lim by Section a taxpayen must com	se of a claim, for low-income rental housing ompany, that does not receive government finit if 90 percent or more of the occupants of the n 50053 of the Health and Safety Code. The totr, with respect to a single property or multiple plete this affidavit if you checked box C(3) in \$214(g)(1)(C).	nancing or receive low e property are lower ind tal exemption amount a properties, may not ex	r-income housing tax of come households whos allowed under Revenue acced twenty million do	credits, may qualify for se rent does not exceed to and Taxation Code section 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 II	DENTIFICATION OF P	ROPERTY			
Name of O	ne of Organization				Corporate ID or LLC Number	
Address of	Property (number and street)					
City, Count	punty, Zip Code			Assessor's Parcel/Assessment Number(s)		
SECTION	2. HOUSEHOLD INFORMATION					
A. List of	Qualified Households					
reporting t maximum	59.14 of the Revenue and Taxation Code provide he following information on the units occupied by rent that can be charged to the household, and the ary. Report information for each unit that was rep	y lower income househone actual rent. Use the taported in Section 4, part I	lds for which exemption ble below to provide the	is claimed: the actual hou	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	
l certif	y (or declare) under penalty of perjury under the any accompanying statements or doct	CERTIFICA laws of the State of Calif uments, is true, correct, a	ornia that the foregoing	and all information contair of my knowledge and be	ned herein, including lief.	
NAME OF (CLAIMANT	ТІТ	LE		DATE	
SIGNATUR	RE OF CLAIMANT	DAYTIME TELE	PHONE	EMAIL ADDRESS		
	THIS DOCUMENT IS CONFID	ENTIAL AND IS NO	OT SUBJECT TO P	LIBLIC DISCLOSUR	F	

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.

