BOE-267-L2 (P1) REV. 01 (12-18)

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

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This claim is filed for fiscal year 20	— 20								
This is a Supplemental Affidavit filed with									
☐ BOE-267, Claim for Welfare E	BOE-267, Claim for Welfare Exemption (First Filing) BOE-267-A, Claim for Welfare Exemption (Annual Filing)								
☐ BOE-267-A, Claim for Welfare									
In the case of a claim, for low-income liability company, that does not receive certain limit if 90 percent or more of the by Section 50053 of the Health and Saf to a taxpayer, with respect to a single provisions of section 214(g)(1)(C).	e government financing o occupants of the property ety Code. The total exemp property or multiple prope	r receive low are lower inc otion amount erties, may no	r-income housing tax of come households whos t allowed under Revenunt of exceed twenty millio	redits, may qualify fo e rent does not exceed ue and Taxation Code n dollars (\$20,000,000	r exemption up to a I the rent prescribed section 214(g)(1)(C)) in assessed value.				
SECTION 1. IDENTIFICATION OF APP	PLICANT AND IDENTIFIC	ATION OF P	ROPERTY						
Name of Organization			Corporate ID or LLC Number						
Address of Property (number and street)									
City, County, Zip Code									
A. List of Qualified Households Section 259.14 of the California Revenue affidavit reporting the following informatic income, the maximum rent that can be cladditional sheets as necessary. Report inf	on on the units occupied by harged to the household, a	/ lower incom nd the actual	e households for which rent. Use the table below	exemption is claimed: w to provide the require	the actual household				
Address/Unit Numbe		f Persons in ousehold	Annual Household Income	Maximum Allowable Rent That Can Be Charged	Actual Rent Charged				
I certify (or declare) under penalty of p any accompanying si	perjury under the laws of the tatements or documents, is	CERTIFICA State of Calif true, correct,	fornia that the foregoing a	and all information conta of my knowledge and b	nined herein, including elief.				
NAME OF CLAIMANT			LE		DATE				
SIGNATURE OF CLAIMANT		DAYTIME TELE	PHONE	EMAIL ADDRESS					

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 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.

