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

Katrina	Barto	lomie	
MENDO	CINO	COUNTY	ASSESSOF

501 Low Gap Road, Room 1020 Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

This is a S	upplemental Affidavit filed with							
	BOE-267, Claim for Welfare Exemption (First Filing)							
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)							
liability co certain lim by Section a taxpayen must com	se of a claim, for low-income rental housi ompany, that does not receive governmen nit if 90 percent or more of the occupants of n 50053 of the Health and Safety Code. The r, with respect to a single property or mult plete this affidavit if you checked box C(3) 1 214(g)(1)(C).	at financing or receive low f the property are lower inc total exemption amount a iple 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 se ollars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You			
SECTION	1. IDENTIFICATION OF APPLICANT AN	D IDENTIFICATION OF PI	ROPERTY					
Name of O	rganization		Corporate ID or LLC Number					
Address of	f Property (number and street)							
City, Count	ty, Zip Code							
	2. HOUSEHOLD INFORMATION Qualified Households							
an affidavi income, th	59.14 of the California Revenue and Taxation it reporting the following information on the under maximum rent that can be charged to the sheets as necessary. Report information for e	nits occupied by lower incor household, and the actual	ne households for whic rent. Use the table belo	h exemption is claimed: w to provide the require	the actual household			
	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			
CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.								
NAME OF	CLAIMANT	TIT	LE		DATE			

DAYTIME TELEPHONE

EMAIL ADDRESS

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.

