BOE-267-L2 (P1) REV 02 (05-19)

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT,

HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA						
This claim is filed for fiscal year 20 — 20						
This is a Supplemental Affidavit filed with						
	BOE-267, Claim for Welfare Exemption (First Filing)					
	BOF-267-A Claim for Welfare Exemption (Annual Filing)					

Mono County Office of the Assessor Barry Beck, Assessor

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This is a Supplemental Affidavit filed with								
BOE-267, Claim for Welfare Exemption (First Filing)								
BOE-267-A, Claim for Welfare Exemption (Annual Filing)								
In the case of a claim, for low-income rental housing liability company, that does not receive government fir certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The tot a taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in Sof section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION AND IDENTI	nancing of property all exempt properties	or receive le are lower tion amoui es, may no of form BC	ow-income housing income households at allowed under Revet exceed twenty milline-267-L indicating y	tax cred whose re enue and on dollar	its, may qualify for ent does not exceed d Taxation Code se is (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You		
Name of Organization	С	Corporate ID or LLC Number						
Address of Property (number and street)								
City, County, Zip Code								
an affidavit reporting the following information on the units income, the maximum rent that can be charged to the hot additional sheets as necessary. Report information for each Address/Unit Number	usehold, a unit that v	nd the actu	ual rent. Use the table ed in Section 4, part B	below to of form B	provide the require			
I certify (or declare) under penalty of perjury under the I any accompanying statements or docu	aws of the uments, is	State of C	ICATION alifornia that the foreg ct, and complete to the	oing and best of r	all information conta ny knowledge and b	nined herein, including elief.		
NAME OF CLAIMANT		TITLE			DATE			
SIGNATURE OF CLAIMANT	DAYTIME TE	ELEPHONE		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 <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.

