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

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

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# Mono County Office of the Assessor Barry Beck, Assessor

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his is a 🤄	Supplemental Affidavit filed with				
	BOE-267, Claim for Welfare Exemption	(First Filing)			
	BOE-267-A, Claim for Welfare Exemption	on (Annual Filing)			
ability o ertain li y Sectio taxpayo nust cor	ase of a claim, for low-income rental hocompany, that does not receive governimit if 90 percent or more of the occupant on 50053 of the Health and Safety Code. Wer, with respect to a single property or number this affidavit if you checked box on 214(g)(1)(C).	ment financing or receive low is of the property are lower inc The total exemption amount a nultiple 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 secondars (\$20,000,000) in a	exemption up to a the rent prescribed ction 214(g)(1)(C) to ssessed value. You
	N 1. IDENTIFICATION OF APPLICANT Organization	AND IDENTIFICATION OF PR	ROPERTY	Corporate ID or LLC N	lumber
ddress o	of Property (number and street)				
ity, Cour	nty, Zip Code			Assessor's Parcel/Assessment Number(s)	
		I, and the actual rent. Use the tal	ole below to provide the		
s neces	n rent that can be charged to the household sary. Report information for each unit that we will be a safety and the control of		ole below to provide the		
s neces	ssary. Report information for each unit that v	No. of Persons in	ole below to provide the of form BOE-267-L.  Annual Household	required information. Atta  Maximum Allowable Rent That Can Be	ach additional sheet  Actual Rent Charged to
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	Address/Unit Number  Address/Unit Number	No. of Persons in Household  CERTIFICA	Annual Household Income  TION  Trion  Trion	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
/ cert	Address/Unit Number  Address/Unit Number	No. of Persons in Household  CERTIFICA  der the laws of the State of Califo	Annual Household Income  TION  Trion  Trion	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant

# 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.

