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

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

**Xochitl Marina Camacho Monterey County Assessor** 

P. O. Box 570

Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

assessor@co.monterey.ca.us

i his claim	is filed for fiscal year 20 = 20						
his is a S	upplemental Affidavit filed with						
	BOE-267, Claim for Welfare Exemption (First Filing)						
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)						
_	·						
iability co certain lin by Section a taxpaye must com	se of a claim, for low-income rental housing ompany, that does not receive government in if 90 percent or more of the occupants of a 50053 of the Health and Safety Code. The r, with respect to a single property or multiplete this affidavit if you checked box C(3) in 214(g)(1)(C).	t financing of the property total exempt ple properties	r receive lo are lower ir ion amount s, may not e	w-income housing tax on ncome households whose allowed under Revenue exceed twenty million do	credits, may qualify for se rent does not exceed and Taxation Code se bllars (\$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 AND	DIDENTIFICA	ATION OF	PROPERTY			
lame of Organization					Corporate ID or LLC Number		
\ddress of	f Property (number and street)						
City, Coun	ty, Zip Code						
ncome, th	it reporting the following information on the un ne maximum rent that can be charged to the l sheets as necessary. Report information for ea Address/Unit Number	household, ar ach unit that v	nd the actua	al rent. Use the table belo in Section 4, part B of for	w to provide the require m BOE-267-L.  Maximum Allowable Rent That Can Be		
					Charged for the Unit	the Tenant	
I certif	y (or declare) under penalty of perjury under the any accompanying statements or de	he laws of the ocuments, is t	CERTIFIC State of Cal true, correct,	lifornia that the foregoing	and all information conta t of my knowledge and b	ained herein, including selief.	
NAME OF CLAIMANT				TITLE	· -	DATE	
SIGNATU	SIGNATURE OF CLAIMANT			EPHONE	EMAIL ADDRESS	I	
			· ·				

# 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.

