This is a Supplemental Affidavit filed with

This claim is filed for fiscal year 20 \_\_\_\_ - 20 \_\_\_\_

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

## 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

	BOE-267, Claim for Welfare Exemption (First F	Filing)				
	BOE-267-A, Claim for Welfare Exemption (Ann	DE-267-A, Claim for Welfare Exemption (Annual Filing)				
liability of certain ling by Section a taxpayon must control of section	se of a claim, for low-income rental housing company, that does not receive government finit if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The toer, with respect to a single property or multiple inplete this affidavit if you checked box C(3) in 214(g)(1)(C).	inancing or receive te property are lower tal exemption amou te properties, may no Section 3 of form Bo	low-income housing tax income households who nt allowed under Revenue of exceed twenty million d DE-267-L indicating you a	credits, may qualify for se rent does not exceed a and Taxation Code se collars (\$20,000,000) in a	r exemption up to a d the rent prescribed ection 214(g)(1)(C) to assessed value. You	
SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY  Name of Organization				Corporate ID or LLC Number		
Address c	of Property (number and street)					
City, Cour	ity, County, Zip Code				Assessor's Parcel/Assessment Number(s)	
SECTION	N 2. HOUSEHOLD INFORMATION					
A. List o	of Qualified Households					
reporting maximum	259.14 of the Revenue and Taxation Code provided the following information on the units occupied by a rent that can be charged to the household, and the sary. Report information for each unit that was re	y lower income hous he actual rent. Use th	eholds for which exemption e table below to provide the	is claimed: the actual h	ousehold income, the	
	Address/Unit Number	No. of Persons Household	in Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant	
	ify (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the State of 0	FICATION California that the foregoing ct, and complete to the bes	and all information conta t of my knowledge and b	ained herein, including belief.	
MAINE OF	CLAIMANI		11166		DAIE	
SIGNATU	JRE OF CLAIMANT	DAYTIME T	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, 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.

