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

CALIFORNIA.

Rolf D. Kleinhans Nevada County Assessor

950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov

his is a S	supplemental Affidavit filed with						
	BOE-267, Claim for Welfare Exemption (First F	iling)					
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)						
ability co ertain lin y Section taxpaye nust com f section	se of a claim, for low-income rental housing ompany, that does not receive government finit if 90 percent or more of the occupants of th 50053 of the Health and Safety Code. The to r, with respect to a single property or multiple uplete this affidavit if you checked box C(3) in 214(g)(1)(C).	nancing o e property tal exempt e propertie Section 3 o	r receive low are lower ind tion amount a s, may not ex of form BOE-	r-income housing tax of come households whose allowed under Revenue acceed twenty million do 267-L indicating you an	credits, may qualify for se rent does not exceed and Taxation Code se collars (\$20,000,000) in a	r exemption up to I the rent prescribe ction 214(g)(1)(C) to assessed value. Yo	
Name of Organization					Corporate ID or LLC Number		
ddress of	f Property (number and street)						
City, County, Zip Code					Assessor's Parcel/Ass	Assessor's Parcel/Assessment Number(s)	
	rent that can be charged to the household, and the ary. Report information for each unit that was rep Address/Unit Number	No. o			Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant	
I certif	fy (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the uments, is	CERTIFICA State of Calit true, correct,	ornia that the foregoing	and all information conta t of my knowledge and b	nined herein, includir elief.	
NAME OF	CLAIMANT	TITLE			DATE		
SIGNATUR	RE OF CLAIMANT		DAYTIME TELE	PHONE	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 does not 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.

