This claim is filed for fiscal year 20 ____ - 20 ___

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

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

Matthew R. Maynard Placer County Assessor

2980 Richardson Drive Auburn, CA 95603-2640 Phone: (530) 889-4300

Email: assessor@placer.ca.gov Website: www.placer.ca.gov/assessor

EMAIL ADDRESS

This is a S	upplemental Affidavit filed with				
	BOE-267, Claim for Welfare Exemption (First Filing)				
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)				
liability co certain lim by Section a taxpayer must com	se of a claim, for low-income rental house ompany, that does not receive government it if 90 percent or more of the occupants on a 50053 of the Health and Safety Code. The r, with respect to a single property or mult plete this affidavit if you checked box C(3) 214(g)(1)(C).	nt financing or receive low of the property are lower in total exemption amount tiple properties, may not e	w-income housing tax come households who allowed under Revenue exceed twenty million d	credits, may qualify for se rent does not exceed a and Taxation Code se ollars (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You
SECTION	1. IDENTIFICATION OF APPLICANT AN	ID IDENTIFICATION OF F	PROPERTY		
Name of O	rganization		Corporate ID or LLC Number		
Address of	Property (number and street)				
City, Count	ty, Zip Code				
A. List of Section 25 an affidavi income, th	2. HOUSEHOLD INFORMATION Qualified Households 59.14 of the California Revenue and Taxatio treporting the following information on the use maximum rent that can be charged to the sheets as necessary. Report information for	units occupied by lower inco e household, and the actua	ome households for whic rent. Use the table belo	h exemption is claimed: ow to provide the require	the actual household
	Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
		CERTIFIC	ATION		
I certif	y (or declare) under penalty of perjury under any accompanying statements or	the laws of the State of Call	ifornia that the foregoing	and all information conta t of my knowledge and b	ined herein, including elief.
NAME OF	CLAIMANT	Т	TLE		DATE

DAYTIME TELEPHONE



SIGNATURE OF CLAIMANT

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.

