BOE-267-L2 (P1) REV. 01 (12-18)

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

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DATE

EMAIL ADDRESS

| his is a Supplemental Affidavit filed with  |   |   |  |  |
|---|---|---|--|--|
|   | st Filing)  |   |  |  |
| ☐ BOE-267-A, Claim for Welfare Exemption (A   | nnual Filing)   |   |  |  |
| In the case of a claim, for low-income rental housing ability company, that does not receive government ertain limit if 90 percent or more of the occupants of y Section 50053 of the Health and Safety Code. The part of a taxpayer, with respect to a single property or more must complete this affidavit if you checked by rovisions of section 214(g)(1)(C). | t financing or receive low<br>the property are lower inc<br>e total exemption amount<br>oultiple properties, may no | income housing tax of<br>ome households whos<br>allowed under Revent<br>t exceed twenty millio      | credits, may qualify for<br>se rent does not exceed t<br>ue and Taxation Code s<br>on dollars (\$20,000,000) | exemption up to<br>the rent prescribe<br>ection 214(g)(1)(0<br>in assessed value |
| ECTION 1. IDENTIFICATION OF APPLICANT ANI   | DIDENTIFICATION OF PR   | ROPERTY   |  |  |
| me of Organization  |   | Corporate ID or LLC Number  |  |  |
| ddress of Property (number and street)  |   |   |  |  |
|   |   |   |  |  |
| ity, County, Zip Code  ECTION 2. HOUSEHOLD INFORMATION  |   |   |  |  |
|   | s occupied by lower income<br>household, and the actual i   | e households for which ent. Use the table belo  | exemption is claimed: the exemption is claimed: the exemption is claimed:                                    | ne actual househo  |
| ECTION 2. HOUSEHOLD INFORMATION  A. List of Qualified Households Section 259.14 of the California Revenue and Taxation iffidavit reporting the following information on the unital noome, the maximum rent that can be charged to the   | s occupied by lower income<br>household, and the actual i   | e households for which ent. Use the table belo  | exemption is claimed: the exemption is claimed: the exemption is claimed:                                    | ne actual househo  |
| ECTION 2. HOUSEHOLD INFORMATION  A. List of Qualified Households Section 259.14 of the California Revenue and Taxation infidavit reporting the following information on the unital income, the maximum rent that can be charged to the inditional sheets as necessary. Report information for e   | s occupied by lower income household, and the actual reach unit that was reported in No. of Persons in              | e households for which<br>ent. Use the table belo<br>a Section 4, part B of for<br>Annual Household | exemption is claimed: the to provide the required rm BOE-267-L.  Maximum Allowable Rent That Can Be          | ne actual househo<br>information. Attac<br>Actual Rent                           |
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THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE

TITLE

DAYTIME TELEPHONE



NAME OF CLAIMANT

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.

