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

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■ BOE-267, Claim for Welfare Exemption (First Fili	ing)						
BOE-267-A, Claim for Welfare Exemption (Annual Filing)							
In the case of a claim, for low-income rental housing p liability company, that does not receive government fine certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple pmust complete this affidavit if you checked box C(3) in Section 214(g)(1)(C).	ancing o property al exempt propertie	r receive low are lower inc ion amount a s, may not ex	income housing tax of ome households whos llowed under Revenue ceed twenty million do	credi se rei and ollars	ts, may qualify font does not exceed Taxation Code se	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You	
SECTION 1. IDENTIFICATION OF APPLICANT AND ID	ENTIFIC	ATION OF PE	ROPERTY				
ame of Organization				Co	Corporate ID or LLC Number		
Address of Property (number and street)							
City, County, Zip Code				Assessor's Parcel/Assessment Number(s)			
SECTION 2. HOUSEHOLD INFORMATION							
A. List of Qualified Households							
Section 259.14 of the Revenue and Taxation Code provides reporting the following information on the units occupied by maximum rent that can be charged to the household, and the as necessary. Report information for each unit that was repo	lower inc actual re	ome househol ent. Use the tal	ds for which exemption ble below to provide the	is cla	aimed: the actual h	ousehold income, the	
Address/Unit Number		f Persons in ousehold	Annual Household Income	R	ximum Allowable ent That Can Be arged for the Unit	Actual Rent Charged to the Tenant	
		CERTIFICA	TION				
I certify (or declare) under penalty of perjury under the la any accompanying statements or docur	aws of the ments, is	State of Califo true, correct, a	ornia that the foregoing and complete to the best	and a	all information conta by knowledge and b	nined herein, including elief.	
NAME OF CLAIMANT TITLE						DATE	
SIGNATURE OF CLAIMANT		DAYTIME TELEPHONE			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.

