EF-267-H-R08-0611-34000562-1 BOE-267-H (P1) REV. 08 (06-11)



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

EMAIL ADDRESS

WELFARE	EXEMPTION	N SUPPLEM	MENTAL A	AFFIDAVIT,
HOUSING -	- ELDERLY	OR HANDI	CAPPED	FAMILIES

This Claim is Filed for Fiscal `	Year 20 — 20	·		AX (916) 854-9181 ttps://assessor.saccoun	ty.gov
This is a Supplemental Affida	vit filed with				
☐ BOE-267, Claim for We	elfare Exemption (First Fil	ing)			
☐ BOE-267-A, Claim for V	Velfare Exemption (Annu	al Filing)			
Section 1. Identification of A	Applicant				
Name of Organization					
Mailing Address (number and	street)			Corporate ID or L	LC Number
City, State, Zip Code					
Organizational Clearance Cer an OCC, have you filed a clai	rtificate (OCC) No im for an OCC with the B	OE?	(Provide copy of certifi	cate with this claim if firs	t filing). If you do not have
☐ Yes ☐ No					
If No, see instructions for info	rmation on obtaining an	OCC claim form.			
Section 2. Identification of I					
Address of property (number	and street)				
City, County, Zip Code				Date Property Ac	quired
Section 3. Household Inform	mation				
A. Eligibility Based on	Family Household Inco	ome			
	or handicapped families	can qualify for the welfa			iding housing for low- and nt that household incomes
NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME	NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME	NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME
1	\$67,250	4	\$96,100	7	\$119,150
2	\$76,900	5	\$103,800	8	\$126,850
3	\$86,500	6	\$111,500		
county and change annu	ually. a portion of the property f	for the exemption, you n	,	atement for each family	unts are different for each that qualifies (you should
FOR ASSESSOR'S USE ONLY				ontact during normal	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

DAYTIME TELEPHONE

NAME



(Assessor's designee)

(date)

Received by _

(county or city)

B. List of Qualified Families

Complete or attach list showing desired information for only those households that qualify; use additional sheets if necessary.

ADDRESS / UNIT NUMBER (use two lines if there are two families in a unit)	NO. OF PERSONS IN FAMILY (may be more than one family in unit)	MAXIMUM INCOME FOR FAMILY DOES NOT EXCEED
1.		\$
2.		\$
3.		\$
l.		\$
5.		\$

C. Recap for All Families, Eligible and Ineligible	EXAMPLE	ACTUAL
Number of qualified families. (one for each line filled in above)	110	
2. Number of non-qualified families. (Occupants did not sign statement, refused to report, amount of income is over the limit, or unit was occupied by other than elderly or handicapped family)	10	
3. Total number of families.	120	

D. Exemption Calculation	EXAMPLE	ACTUAL
Percentage which the number of low and moderate-income elderly and handicapped families occupying the property is of the total number of families occupying the property.	110 / 120	1
Maximum percentage of value of property eligible for exemption.	91.66%	

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CEF		-11	- /		

I certify (or declare) under penalty	of perjury under the laws of the	e State of California that th	e foregoing and all informatioi	n contained herein, ii	ncluding
any accompanyii	ng statements or documents, is	true, correct, and complet	e to the best of my knowledge	and belief.	

NAME	TITLE	DATE
		ı
SIGNATURE		



INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT HOUSING – ELDERLY OR HANDICAPPED FAMILIES

FILING OF AFFIDAVIT

This affidavit is required under the provisions of sections 214(f), 251, and 254.5 of the Revenue and Taxation code and must be filed when seeking exemption on housing for elderly or handicapped families that is owned and operated by a nonprofit organization or eligible limited liability company. A separate affidavit must be filed for each location and the income of the occupants must not exceed certain limits (see section 3 of claim form). This affidavit supplements the claim for welfare exemption and must be filed with the county assessor by February 15 to avoid a late filing penalty under section 270. If you do not complete and file this form, you may be denied the exemption. The claimant should provide each family living on the property with a copy of form BOE-267-H-A, *Elderly and Handicapped Families, Family Household Income Reporting Worksheet*.

The organization keeps the completed, signed worksheet in case of further audit. Do not submit the worksheets with your filing.

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 20FF would enter "20FF-20FG" on line four of the claim; a "20F€-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

SECTION 1. Identification of Applicant.

Identify the name of the organization seeking exemption on the elderly or handicapped housing property, corporate identification number (or limited liability number if the organization is a limited liability company), and mailing address.

SECTION 2. Identification of Property.

Identify the location of the elderly or handicapped housing property, county in which the property is located, and the date the property was acquired by the organization.

SECTION 3. Household Information.

Include a list of low and moderate-income elderly and handicapped families that qualify for exemption based on the maximum income level for the county for the claim year where the property is located (see dollar amount on table).

OBTAINING CLAIM FORMS FROM THE STATE BOARD OF EQUALIZATION

Claim form BOE-277, *Claim for Organizational Clearance Certificate – Welfare Exemption*, is available on the Board's website (www.boe.ca.gov) or you may request the form by contacting the Exemptions Section at 916-274-3430.

