EF-267-H-R08-0611-39000503-1 BOE-



Steve J. Bestolarides **Assessor-Recorder-County Clerk**

San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Exemptions: (209) 468-2646 https://www.sigov.org/department/assessor

EMAIL ADDRESS

| 267-H (P1) REV. 08 (06-11) WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING – ELDERLY OR HANDICAPPED FAMILIES | CYLIFORNI |
|--|-----------|
| This Claim is Filed for Fiscal Year 20 20 | |
| This is a Supplemental Affidavit filed with | |

| This Claim is filed for fiscal y | Year 20 — 20 | · | | | partimonivassessor |
|--|---|---|--------------------------|------------------------------|---|
| 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 | | OE? | (Provide copy of certifi | cate with this claim if firs | t filing). If you do not have |
| If No, see instructions for info | | OCC claim form. | | | |
| Address of property (number | | | | | |
| Address of property (number | and street) | | | | |
| City, County, Zip Code | County, Zip Code Date Property Acquired | | | quired | |
| Section 3. Household Inforr | mation | | | I | |
| A. Eligibility Based on | Family Household Inco | · · · · · · · · · · · · · · · · · · · | | | |
| Section 214(f) of the Cal | lifornia Revenue and Tax or handicapped families | ation Code provides tha 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 | \$55,700 | 4 | \$79,550 | 7 | \$98,650 |
| 2 | \$63,650 | 5 | \$85,900 | 8 | \$105,000 |
| 3 | \$71,600 | 6 | \$92,300 | | |
| county and change annu | ually. a portion of the property t | for the exemption, you n | , | atement for each family | unts are different for each that qualifies (you should |
| FOR ASSESSOR'S USE ONLY Whom should we contact during normal busi hours for additional information? | | | | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

DAYTIME TELEPHONE

NAME



(Assessor's designee)

Received by _

(county or city)

(date)

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. | | \$ |
| 4. | | \$ |
| 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% | |

| CERTIF | | |
|--------|----------|-----|
| CERTIE | IL A I I | IUN |

| 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 |
|-----------|-------|------|
| | | |
| 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.

