BOE-267-L2 (P1) REV 03 (05-21)

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

	C LOWER INCOME HOUSEHOLDS TENANT DAT
This claim	is filed for fiscal year 20 — 20
This is a Sı	upplemental Affidavit filed with
	BOE-267, Claim for Welfare Exemption (First Filing)
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)

Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

In the case of a claim, for low-income rental housing pr liability company, that does not receive government fina certain limit if 90 percent or more of the occupants of the p by Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple p must complete this affidavit if you checked box C(3) in Se of section 214(g)(1)(C).	ncing or receive low property are lower inc exemption amount a roperties, may not ex	-income housing tax of come households whos illowed under Revenue acced twenty million do	credits, may qualify for e rent does not exceed and Taxation Code se ollars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You
SECTION 1. IDENTIFICATION OF APPLICANT AND IDE	NTIFICATION OF P	ROPERTY		
Name of Organization	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 low maximum rent that can be charged to the household, and the as necessary. Report information for each unit that was report	ower income househo actual rent. Use the ta	lds for which exemption ble below to provide the	is claimed: the actual h	ousehold income, the
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
		1	1	
I certify (or declare) under penalty of perjury under the lav any accompanying statements or docum	CERTIFICA ws of the State of Calif- ents, is true, correct, a	ornia that the foregoing a	and all information conta of my knowledge and b	nined herein, including elief.
NAME OF CLAIMANT TITLE				DATE
SIGNATURE OF CLAIMANT	DAYTIME TELEF	PHONE	EMAIL ADDRESS	1

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.

