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

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

This claim	is filed for fiscal year 20 — 20					
This is a Supplemental 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

EMAIL ADDRESS

This is a S	upplemental Affidavit filed with						
	BOE-267, Claim for Welfare Exemption (Fig.	rst Filing)					
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)						
liability co certain lim by Section a taxpayer must com	se of a claim, for low-income rental hous ompany, that does not receive government if 90 percent or more of the occupants on 50053 of the Health and Safety Code. The r, with respect to a single property or multiplete this affidavit if you checked box C(3 a 214(g)(1)(C).	nt financing or receive low- of the property are lower inco e total exemption amount al tiple properties, may not ex	income housing tax of ome households whos llowed under Revenue ceed twenty million do	credits, may qualify for se rent does not exceed and Taxation Code sec ollars (\$20,000,000) in a	exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You		
SECTION	1. IDENTIFICATION OF APPLICANT AN	ID IDENTIFICATION OF PR	ROPERTY				
Name of O	me of Organization				Corporate ID or LLC Number		
Address of	f Property (number and street)						
City, Count	ity, County, Zip Code				Assessor's Parcel/Assessment Number(s)		
A. List of Section 25 reporting t maximum	2. HOUSEHOLD INFORMATION f Qualified Households 59.14 of the Revenue and Taxation Code proche following information on the units occupied rent that can be charged to the household, a lary. Report information for each unit that was	ed by lower income householond the actual rent. Use the tab	ds for which exemption ble below to provide the	is claimed: the actual ho	usehold 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		
Loortif	iv (or declare) under penalty of perium under	CERTIFICA	-	and all information contain	ned herein including		
	rtify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all any accompanying statements or documents, is true, correct, and complete to the best of my				elief.		

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE

DAYTIME TELEPHONE



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, 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.

