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 Sup	plemental 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

DATE

EMAIL ADDRESS

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

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	BOE-267, Claim for Welfare Exemption (Fig.	rst Filing)			
	BOE-267-A, Claim for Welfare Exemption (	(Annual Filing)			
liability cor certain limi by Section a taxpayer, must comp	e of a claim, for low-income rental hous mpany, that does not receive government if 90 percent or more of the occupants of 50053 of the Health and Safety Code. The with respect to a single property or multiplete this affidavit if you checked box C(3 214(g)(1)(C).	nt financing or receive low of the property are lower inc e total exemption amount a tiple properties, may not ex	income housing tax of ome households whos llowed under Revenue ceed twenty million do	credits, may qualify for e se rent does not exceed the and Taxation Code sect collars (\$20,000,000) in as	exemption up to a he rent prescribed ion 214(g)(1)(C) to sessed value. You
SECTION 1	1. IDENTIFICATION OF APPLICANT AN	ID IDENTIFICATION OF PR	ROPERTY		
Name of Organization				Corporate ID or LLC Number	
Address of F	Property (number and street)				
City, County, Zip Code				Assessor's Parcel/Assessment Number(s)	
A. List of (	Qualified Households				
Section 259 reporting the maximum re	Qualified Households  9.14 of the Revenue and Taxation Code proceedings of the Revenue and Taxation Code proceedings of the Louis occupies and that can be charged to the household, a ry. Report information for each unit that was Address/Unit Number	ed by lower income househol nd the actual rent. Use the tal	ds for which exemption ole below to provide the	is claimed: the actual hou required information. Attack  Maximum Allowable Rent That Can Be	sehold income, the
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THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE

TITLE

DAYTIME TELEPHONE



NAME OF CLAIMANT

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 does not 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.

