BOE-267-L2 (P1) (06-17)

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

.000	C LOWER INCOME HOUSEHOLDS	I ENAMI DAIA
his claim	is filed for fiscal year 20 — 20	
his is a S	upplemental Affidavit filed with	
	BOE-267, Claim for Welfare Exemption (First Filing)	
	ROE-267-Δ Claim for Welfare Exemption (Annual E	ilina)

Lawrence E. Stone **Santa Clara County Assessor**

Exemptions Unit West Tasman Campus 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-6460

exemptions@asr.sccgov.org

This claim is filed for fiscal year 20 — 20		www.s	sccassessor.org	
This is a Supplemental Affidavit filed with				
□ BOE-267, Claim for Welfare Exempt □	tion (First Filing)			
☐ BOE-267-A, Claim for Welfare Exem	nption (Annual Filing)			
In the case of a claim, for low-income rental liability company, that does not receive gove certain limit if 90 percent or more of the occup by Section 50053 of the Health and Safety Coto a taxpayer, with respect to a single proper must complete this affidavit if you checked be of section 214(g)(1)(C).	ernment financing or receive pants of the property are lowe ode. The total exemption amonty or multiple properties, ma	low-income housing tax or income households who count allowed under Reven y not exceed ten million do	credits, may qualify for se rent does not exceed ue and Taxation Code ollars (\$10,000,000) in a	r exemption up to a I the rent prescribed section 214(g)(1)(C) assessed value. You
SECTION 1. IDENTIFICATION OF APPLICA	NT AND IDENTIFICATION O	F PROPERTY		
Name of Organization			Corporate ID or LLC N	Number
Address of Property (number and street)			I	
City, County, Zip Code				
affidavit reporting the following information on income, the maximum rent that can be charged additional sheets as necessary. Report information Address/Unit Number	d to the household, and the ac	tual rent. Use the table beloted in Section 4, part B of fo	w to provide the require	
I certify (or declare) under penalty of perjury any accompanying stateme	·	FICATION California that the foregoing ect, and complete to the bes	and all information conta t of my knowledge and b	nined herein, including elief.
NAME OF CLAIMANT		TITLE		DATE
SIGNATURE OF CLAIMANT	DAYTIME 1	TELEPHONE	EMAIL ADDRESS	

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE



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 and county in which the property is located.

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.

