BOE-267-L2 (P1) REV 02 (05-19)

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

LESLIE MORGAN
ASSESSOR-RECORDER

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Intra_County toll free: 1(800)479-8009

This claim	is filed for fiscal year 20 — 20								
This is a S	Supplemental Affidavit filed with								
	BOE-267, Claim for Welfare Exemption (First Filing)								
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)								
liability co certain lin by Section a taxpaye must com	se of a claim, for low-income rental housing ompany, that does not receive government finit if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The towar, with respect to a single property or multiple aplete this affidavit if you checked box C(3) in a 214(g)(1)(C).	nancing o e property tal exempt e propertie	r receive are lower ion amou s, may no	low- rince int al	income housing tax of ome households whos llowed under Revenue ceed twenty million do	redite rereased and and and and and and and and and an	is, may qualify for int does not exceed Taxation Code see (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You	
SECTION	I 1. IDENTIFICATION OF APPLICANT AND II	DENTIFIC	ATION O	F PR	ROPERTY				
Name of Organization				Corporate ID o				lumber	
Address of	f Property (number and street)								
City, Coun	ty, Zip Code								
Section 25 an affidav income, th	f Qualified Households 59.14 of the California Revenue and Taxation C it reporting the following information on the units ne maximum rent that can be charged to the ho sheets as necessary. Report information for each	occupied busehold, and hunit that w	by lower i nd the act	ncom ual r ed in	ne households for which ent. Use the table belo	m exem BC	mption is claimed: provide the require	the actual household	
I certif	fy (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the	CERTIF State of C	Califo	ornia that the foregoing a	and a	all information conta y knowledge and b	ined herein, including elief.	
NAME OF	CLAIMANT			TITL	·		-	DATE	
SIGNATU	TURE OF CLAIMANT			ELEP	HONE		EMAIL ADDRESS		

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 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.

