This claim is filed for fiscal year 20 ____ - 20 ____

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

OG STATE OF STATE OF

LESLIE MORGAN ASSESSOR-RECORDER

1450 Court St., Suite 208A Redding, CA 96001-1667 Tel: (530) 225-3636

Intra_County toll free: 1(800)479-8009

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

This is a Si	upplemental Affidavit filed with					
	BOE-267, Claim for Welfare Exemption (First Filing)					
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)					
liability co certain lim by Sectior a taxpayer must com	the of a claim, for low-income rental housing pompany, that does not receive government fir nit if 90 percent or more of the occupants of the n 50053 of the Health and Safety Code. The tot r, with respect to a single property or multiple plete this affidavit if you checked box C(3) in S 214(g)(1)(C).	nancing or representation or representation of the contraction of the	receive low- re lower inc n amount a 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 se ollars (\$20,000,000) in a	r exemption up to a d the rent prescribed action 214(g)(1)(C) to assessed value. You
SECTION	1. IDENTIFICATION OF APPLICANT AND ID	ENTIFICAT	TION OF PE	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				I	
A. List of	Qualified Households					
reporting to maximum	59.14 of the Revenue and Taxation Code provide the following information on the units occupied by rent that can be charged to the household, and the ary. Report information for each unit that was represent.	lower income actual rent	ne househol . Use the tal	ds for which exemption ole below to provide the	is claimed: the actual h	ousehold income, the
	Address/Unit Number		Persons in sehold	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
l certify	y (or declare) under penalty of perjury under the l any accompanying statements or docu	aws of the S	CERTIFICA tate of Califo ie, correct, a	ornia that the foregoing	and all information conta of my knowledge and b	ained herein, including elief.
NAME OF (CLAIMANT		TITI	LE		DATE
SIGNATUR	RE OF CLAIMANT	0	AYTIME TELEF	PHONE	EMAIL ADDRESS	
	THE DOCUMENT IS CONFIDE		ND IO NO	T 011D 150T TO D	UDI IO DIOOL OOLI	DE

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.

