EF-267-H-R08-0611-50000822-1 BOE-267-H (P1) REV. 08 (06-11)

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING – ELDERLY OR HANDICAPPED FAMILIES



Don H. Gaekle Stanislaus County Assessor

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L AFFIDAVIT,	
D FAMILIES	Striv

This Claim is Filed for Fiscal Y	Year 20 — 20	·	www.stancounty.com/assessor			
This is a Supplemental Affida	vit filed with					
☐ BOE-267, Claim for We	Ifare Exemption (First Fil	ing)				
☐ BOE-267-A, Claim for V	Velfare Exemption (Annu	al Filing)				
Section 1. Identification of A	Applicant					
Name of Organization						
Mailing Address (number and	street)			Corporate ID or L	LC Number	
City, State, Zip Code						
Organizational Clearance Cer an OCC, have you filed a clai		OE?	(Provide copy of certif	icate with this claim if firs	t filing). If you do not have	
☐ Yes ☐ No						
If No, see instructions for info	rmation on obtaining an	OCC claim form.				
Section 2. Identification of I	Property					
Address of property (number	and street)					
City, County, Zip Code				Date Property Ac	quired	
Section 3. Household Inform	nation			'		
A. Eligibility Based on	Family Household Inco	ome				
	or handicapped families	can qualify for the welfa			ding housing for low- and nt that household incomes	
NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME	NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME	NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME	
1	\$52,100	4	\$74,400	7	\$92,250	
2	\$59,500	5	\$80,350	8	\$98,200	
3	\$66,950	6	\$86,300			
county and change annu	ally. a portion of the property to	for the exemption, you n	•	tatement for each family	unts are different for each that qualifies (you should	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

DAYTIME TELEPHONE

Whom should we contact during normal business hours for additional information?

EMAIL ADDRESS



FOR ASSESSOR'S USE ONLY

(Assessor's designee)

(date)

Received by .

(county or city)

NAME

B. List of Qualified Families

Complete or attach list showing desired information for only those households that qualify; use additional sheets if necessary.

ADDRESS / UNIT NUMBER (use two lines if there are two families in a unit)	NO. OF PERSONS IN FAMILY (may be more than one family in unit)	MAXIMUM INCOME FOR FAMILY DOES NOT EXCEED
1.		\$
2.		\$
3.		\$
l.		\$
5.		\$

C. Recap for All Families, Eligible and Ineligible	EXAMPLE	ACTUAL
Number of qualified families. (one for each line filled in above)	110	
2. Number of non-qualified families. (Occupants did not sign statement, refused to report, amount of income is over the limit, or unit was occupied by other than elderly or handicapped family)	10	
3. Total number of families.	120	

D. Exemption Calculation	EXAMPLE	ACTUAL
Percentage which the number of low and moderate-income elderly and handicapped families occupying the property is of the total number of families occupying the property.	110 / 120	1
Maximum percentage of value of property eligible for exemption.	91.66%	

CERTIF		
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I certify (or declare) under penalty	of perjury under the laws of the	e State of California that th	e foregoing and all informatioi	n contained herein, ii	ncluding
any accompanyii	ng statements or documents, is	true, correct, and complet	e to the best of my knowledge	and belief.	

NAME	TITLE	DATE
SIGNATURE		



INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT HOUSING – ELDERLY OR HANDICAPPED FAMILIES

FILING OF AFFIDAVIT

This affidavit is required under the provisions of sections 214(f), 251, and 254.5 of the Revenue and Taxation code and must be filed when seeking exemption on housing for elderly or handicapped families that is owned and operated by a nonprofit organization or eligible limited liability company. A separate affidavit must be filed for each location and the income of the occupants must not exceed certain limits (see section 3 of claim form). This affidavit supplements the claim for welfare exemption and must be filed with the county assessor by February 15 to avoid a late filing penalty under section 270. If you do not complete and file this form, you may be denied the exemption. The claimant should provide each family living on the property with a copy of form BOE-267-H-A, *Elderly and Handicapped Families, Family Household Income Reporting Worksheet*.

The organization keeps the completed, signed worksheet in case of further audit. Do not submit the worksheets with your filing.

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 20FF would enter "20FF-20FG" on line four of the claim; a "20F€-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

SECTION 1. Identification of Applicant.

Identify the name of the organization seeking exemption on the elderly or handicapped housing property, corporate identification number (or limited liability number if the organization is a limited liability company), and mailing address.

SECTION 2. Identification of Property.

Identify the location of the elderly or handicapped housing property, county in which the property is located, and the date the property was acquired by the organization.

SECTION 3. Household Information.

Include a list of low and moderate-income elderly and handicapped families that qualify for exemption based on the maximum income level for the county for the claim year where the property is located (see dollar amount on table).

OBTAINING CLAIM FORMS FROM THE STATE BOARD OF EQUALIZATION

Claim form BOE-277, *Claim for Organizational Clearance Certificate – Welfare Exemption*, is available on the Board's website (www.boe.ca.gov) or you may request the form by contacting the Exemptions Section at 916-274-3430.

