This claim is filed for fiscal year 20 \_\_\_\_ — 20 \_\_\_\_

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



# Don H. Gaekle Stanislaus County Assessor

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www.stancounty.com/assessor

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

I certify	Address/Unit Number  Address/Unit Number	the laws of the stocuments, is tr	Persons in usehold  CERTIFICA	Annual Household Income  TION  Trion  The triangle of the best of	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
maximum as necess	Address/Unit Number  Address/Unit Number	No. of Ho	CERTIFICA State of Californie, correct, a	Annual Household Income  TION  Trion  Trion	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant  ained herein, including pelief.
maximum	ary. Report information for each unit that was	No. of Ho	etion 4, part B Persons in usehold	of form BOE-267-L.  Annual Household Income	Maximum Allowable Rent That Can Be	Actual Rent Charged to
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maximum	ary. Report information for each unit that was	No. of	etion 4, part B Persons in	of form BOE-267-L.  Annual Household	Maximum Allowable Rent That Can Be	Actual Rent Charged to
maximum	ary. Report information for each unit that was	reported in Sec	tion 4, part B	of form BOE-267-L.	T	tach additional sheets
renortina t	he following information on the units occupie				is claimed: the actual h	ousehold income the
	59.14 of the Revenue and Taxation Code pro					
	2. HOUSEHOLD INFORMATION  Qualified Households					
Only, County, 21p code				Assessor's Parcel/Assessment Number(s)		
Citv. Coun	ty, Zip Code				Assessor's Parcel/Ass	sessment Number(s)
Address of	Property (number and street)					
Name of Organization				Corporate ID or LLC Number		
SECTION	1. IDENTIFICATION OF APPLICANT AN	D IDENTIFICA	TION OF PR	ROPERTY		
	plete this affidavit if you checked box C(3) 214(g)(1)(C).	in Section 3 o	f form BOE-2	267-L indicating you a	e seeking exemption u	under the provisions
by Section a taxpaye	n 50053 of the Health and Safety Code. The r, with respect to a single property or mult	total exemption	on amount a , may not ex	llowed under Revenue ceed twenty million do	and Taxation Code se ollars (\$20,000,000) in a	ection 214(g)(1)(C) to assessed value. You
liability co	se of a claim, for low-income rental housi ompany, that does not receive governmen nit if 90 percent or more of the occupants of	t financing or	receive low-	income housing tax	credits, may qualify fo	r exemption up to a
n tha cae	BOE-267-A, Claim for Welfare Exemption (A	σ,				
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n the cas	BOE-267, Claim for Welfare Exemption (First					

# 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.

