EF-267-H-R09-0520-51000242-1 BOE-267-H (P1) REV. 09 (05-20)

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING – ELDERLY OR HANDICAPPED FAMILIES



KATHY SCRIVEN SUTTER COUNTY ASSESSOR

1190 Civic Center Blvd. Yuba City, CA 95993

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

EMAIL ADDRESS

Phone: (530) 822-7160 Fax: (530) 822-7198

www.suttercounty.org/assessor E-mail: assessor@co.sutter.ca.us

	Year 20 — 20	·			
This is a Supplemental Affida	vit filed with				
☐ BOE-267, Claim fo	r Welfare Exemption (Firs	st Filing)			
☐ BOE-267-A, Claim	for Welfare Exemption (A	Annual Filing)			
Section 1. Identification of	Applicant				
Name of Organization					
Mailing Address (number and	d street)			Corporate ID or L	LC Number
City, State, Zip Code				I	
Organizational Clearance Ce an OCC, have you filed a cla		OE?	(Provide copy of certific	cate with this claim if firs	t filing). If you do not have
If No, see instructions for info	ormation on obtaining an	OCC claim form.			
Section 2. Identification of	Property				
Address of property (number	and street)				
City, County, Zip Code				Date Property Acc	quired
Section 3. Household Infor	mation			'	
• •	n Family Household Inco		t property owned by nonp		ding housing for low- and
moderate-income elderl		can qualify for the welfar		ly taxes only to the exter	nt that household incomes
moderate-income elderl	y or handicapped families	can qualify for the welfar		NO. OF PERSONS IN HOUSEHOLD	nt that household incomes MAXIMUM INCOME
moderate-income elderl of families residing there	y or handicapped families e do not exceed amounts	can qualify for the welfa listed below: NO. OF PERSONS IN	re exemption from proper	NO. OF PERSONS IN	
moderate-income elderl of families residing there NO. OF PERSONS IN HOUSEHOLD	y or handicapped families e do not exceed amounts MAXIMUM INCOME	can qualify for the welfal listed below: NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME	NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME
noderate-income eldert of families residing there NO. OF PERSONS IN HOUSEHOLD	y or handicapped families e do not exceed amounts MAXIMUM INCOME \$63,000	can qualify for the welfal listed below: NO. OF PERSONS IN HOUSEHOLD 4	MAXIMUM INCOME \$90,000	NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME \$111,600

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

DAYTIME TELEPHONE

NAME



FOR ASSESSOR'S USE ONLY

(Assessor's designee)

(date)

Received by _

(county or city)

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)			MUM INCOME FOR FAMILY DOES NOT EXCEED		
1.		\$			
2.		\$			
3.		\$			
4.		\$			
5.		\$			
C. Recap for All Families, Eligible and Ineligible		EXAMPLE	ACTUAL		
Number of qualified families. (one for each line filled in the fill		110			
Number of non-qualified families. (Occupants did not over the limit, or unit was occupied by other than elde	f income is	10			
3. Total number of families.		120			
D. Exemption Calculation		EXAMPLE	ACTUAL		
Percentage which the number of low and moderate-incorproperty is of the total number of families occupying the	ying the	110 / 120	1		
Maximum percentage of value of property eligible for ex		91.66%			
			1		
Section 4. Property Use					
Does this property include commercial space? Yes	☐ No Give a brief description of its us	e:			
	CERTIFICATION				
I certify (or declare) under penalty of perjury under the la any accompanying statements or docu		ing and all infori best of my know	mation contained h	nerein, includ	

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 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" 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.

