This is a Supplemental Affidavit filed with

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

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

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

County Clerk-Recorder-Assessor P.O. Box 1255 Weaverville, CA 96093 Phone: (520) 623 4257

Shanna White

Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

	BOE-267, Claim for Welfare Exemption (First F	iling)					
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)						
liability co certain lin by Section a taxpaye must com of section	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 n 50053 of the Health and Safety Code. The torr, with respect to a single property or multiple uplete this affidavit if you checked box C(3) in a 214(g)(1)(C).	inancing o e property tal exempt e propertie Section 3	r receive are lower tion amou s, may no of form B0	low-in incom nt allo t exce DE-267	come housing tax on the households whose wed under Revenue ed twenty million do '-L indicating you and the households with the households will be households with the households with the households will be households with the househol	credits, may qualify for se rent does not excee a and Taxation Code so collars (\$20,000,000) in	or exemption up to a d the rent prescribed ection 214(g)(1)(C) to assessed value. You
Name of Organization						Corporate ID or LLC Number	
Address of	f Property (number and street)						
City, Coun	y, County, Zip Code					Assessor's Parcel/Assessment Number(s)	
SECTION	2. HOUSEHOLD INFORMATION						
A. List of	f Qualified Households						
reporting t maximum	59.14 of the Revenue and Taxation Code provide the following information on the units occupied be rent that can be charged to the household, and the eary. Report information for each unit that was rep	y lower inc he actual re	ome house ent. Use the	eholds e table	for which exemption below to provide the	is claimed: the actual h	nousehold income, the
	Address/Unit Number		f Persons ousehold	in A	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Charged to
_							
I certif	fy (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the uments, is	CERTIF State of C true, corre	aliforn	ia that the foregoing	and all information cont t of my knowledge and i	ained herein, including belief.
NAME OF CLAIMANT				TITLE DATE			
SIGNATU	SIGNATURE OF CLAIMANT			DAYTIME TELEPHONE 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 <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.

