This is a Supplemental Affidavit filed with

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

☐ BOE-267, Claim for Welfare Exemption (First Filing)

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

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

<b>Tuolumne County Assessor-Recorde</b>	Kaenan V	Vhitma	an		
	Tuolumn	e Cour	nty Ass	essor-Rec	orde

2 South Green Street, Third Floor

Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

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BOE-267-A, Claim for Welfare Exemption (Annu	ual Filing)			
n the case of a claim, for low-income rental housing pability company, that does not receive government fir ertain limit if 90 percent or more of the occupants of the y Section 50053 of the Health and Safety Code. The tot taxpayer, with respect to a single property or multiple nust complete this affidavit if you checked box C(3) in S f section 214(g)(1)(C).	nancing or receive low- e property are lower inco al exemption amount al properties, may not exc	income housing tax of ome households whos lowed under Revenue ceed twenty million do	redits, may qualify for e rent does not exceed and Taxation Code se allars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You
ECTION 1. IDENTIFICATION OF APPLICANT AND ID	DENTIFICATION OF PR	OPERTY	T	
ame of Organization			Corporate ID or LLC I	Number
ddress of Property (number and street)				
rity, County, Zip Code			Assessor's Parcel/Ass	sessment Number(s)
A. List of Qualified Households Section 259.14 of the Revenue and Taxation Code provide eporting the following information on the units occupied by naximum rent that can be charged to the household, and the secessary. Report information for each unit that was reported.  Address/Unit Number	/ lower income household ne actual rent. Use the tab	ds for which exemption le below to provide the	is claimed: the actual h	ousehold income, the
I certify (or declare) under penalty of perjury under the l	CERTIFICA laws of the State of Califo uments, is true, correct, an	rnia that the foregoing a	and all information conta of my knowledge and b	nined herein, includin
NAME OF CLAIMANT	TITL	E		DATE

# 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.

