This is a Supplemental Affidavit filed with

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

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

COUNTY CALL

Keith Taylor Assessor Of Ventura County

800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.countyofventura.org

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

□ вое-	-267, Claim for Welfare Exemption (First F	-iling)				
_ 502	-267-A, Claim for Welfare Exemption (Ann	nual Filing)				
ability compan ertain limit if 90 by Section 5005 taxpayer, with nust complete t if section 214(g	claim, for low-income rental housing by, that does not receive government fill percent or more of the occupants of the 3 of the Health and Safety Code. The to respect to a single property or multiple this affidavit if you checked box C(3) in ()(1)(C).	inancing or receive low- be property are lower incu tal exemption amount a properties, may not ex Section 3 of form BOE-2	income housing tax of ome households whos lowed under Revenue ceed twenty million do 67-L indicating you an	credits, may qualify for se rent does not exceed and Taxation Code se bilars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You	
lame of Organization Cor				Corporate ID or LLC N	orporate ID or LLC Number	
ddress of Prope	erty (number and street)					
ty, County, Zip Code				Assessor's Parcel/Assessment Number(s)		
ECTION 2. HO	DUSEHOLD INFORMATION					
Section 259.14 c	fied Households of the Revenue and Taxation Code provid owing information on the units occupied b at can be charged to the household, and t	y lower income househole	ds for which exemption	is claimed: the actual he	ousehold income, the	
	eport information for each unit that was rep Address/Unit Number			Maximum Allowable Rent That Can Be	Actual Rent Charged to	
	eport information for each unit that was rep	No. of Persons in	of form BOE-267-L. Annual Household	Maximum Allowable	Actual Rent	
	eport information for each unit that was rep	No. of Persons in	of form BOE-267-L. Annual Household	Maximum Allowable Rent That Can Be	Actual Rent Charged to	
	eport information for each unit that was rep	No. of Persons in	of form BOE-267-L. Annual Household	Maximum Allowable Rent That Can Be	Actual Rent Charged to	
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	eport information for each unit that was rep	No. of Persons in	of form BOE-267-L. Annual Household	Maximum Allowable Rent That Can Be	Actual Rent Charged to	
s necessary. Re	eport information for each unit that was rep	No. of Persons in Household CERTIFICA	of form BOE-267-L. Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant	
s necessary. Re	eport information for each unit that was rep Address/Unit Number eclare) under penalty of perjury under the any accompanying statements or doc	No. of Persons in Household CERTIFICA	Annual Household Income TION rnia that the foregoing and complete to the best	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant	

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.

