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

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



# Stephen S. Duckels Yuba County Assessor

915 8th Street, Suite 101 Marysville, CA 95901-5273 Phone: (530) 749-7820

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

This is a Si	upplemental Affidavit filed with					
	BOE-267, Claim for Welfare Exemption (First F	Filing)				
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)					
liability co certain lim by Sectior a taxpayer must com of section	se of a claim, for low-income rental housing ompany, that does not receive government fait if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The tor, with respect to a single property or multiple plete this affidavit if you checked box C(3) in 214(g)(1)(C).	inancing or receive low ne property are lower inc otal exemption amount a e properties, may not ex Section 3 of form BOE-	income housing tax of ome households whos llowed under Revenue ceed twenty million do 267-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	
	1. IDENTIFICATION OF APPLICANT AND I	IDENTIFICATION OF PI	ROPERTY	0 1 10 110		
Name of O	rganization	Corporate ID or LLC Number				
Address of	Property (number and street)					
City, Count	County, Zip Code				Assessor's Parcel/Assessment Number(s)	
SECTION	2. HOUSEHOLD INFORMATION					
A. List of	Qualified Households					
reporting tl maximum	59.14 of the Revenue and Taxation Code provice the following information on the units occupied by the following information on the units occupied by the following information for the household, and the following information for each unit that was remarked.  Address/Unit Number	by lower income househol the actual rent. Use the ta	ds for which exemption ble below to provide the	is claimed: the actual he	ousehold income, the	
				Charged for the Unit	the Tenant	
	y (or declare) under penalty of perjury under the any accompanying statements or doc	CERTIFICA laws of the State of Califi cuments, is true, correct, a	ornia that the foregoing	and all information conta t of my knowledge and b	nined herein, including elief.	
NAME OF 0	CLAIMANT	TIT	LE		DATE	
SIGNATUR	RE OF CLAIMANT	DAYTIME TELEF	PHONE	EMAIL ADDRESS		
	THIS DOCUMENT IS CONFID	SENTIAL AND IS NO	T SUB IECT TO B	IIBI IC DISCI OSII	DE	

# 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.

