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 Sเ	upplemental Affidavit filed with						
	BOE-267, Claim for Welfare Exemption (First Filing)						
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)						
liability co certain lim by Section a taxpayer must com	e of a claim, for low-income rental housing prompany, that does not receive government finalit if 90 percent or more of the occupants of the property of the Health and Safety Code. The totar, with respect to a single property or multiple property of this affidavit if you checked box C(3) in Sec. 214(g)(1)(C).	ancing o property I exempt propertie	r receive low are lower ind ion amount a s, may not ex	r-income housing tax of come households whos allowed under Revenue acceed twenty million do	credits, may qualify for se rent does not exceed and Taxation Code se bllars (\$20,000,000) in	r exemption up to a d the rent prescribed ection 214(g)(1)(C) to assessed value. You	
	1. IDENTIFICATION OF APPLICANT AND IDE	ENTIFIC	ATION OF P	ROPERTY	T		
Name of Organization					Corporate ID or LLC Number		
Address of	Property (number and street)						
City, Count	ity, County, Zip Code					Assessor's Parcel/Assessment Number(s)	
SECTION	2. HOUSEHOLD INFORMATION						
A. List of	Qualified Households						
reporting the maximum is	ig.14 of the Revenue and Taxation Code provides the following information on the units occupied by larent that can be charged to the household, and the ary. Report information for each unit that was reported.	lower inc actual re rted in Se	ome househo ent. Use the ta ection 4, part I	lds for which exemption ble below to provide the 3 of form BOE-267-L.	is claimed: the actual h required information. At	ousehold income, the tach additional sheets	
	Address/Unit Number		f Persons in ousehold	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant	
			CERTIFIC	ATION			
I certify	y (or declare) under penalty of perjury under the la any accompanying statements or docun	ws of the nents, is	State of Calif	ornia that the foregoing	and all information conta of my knowledge and b	ained herein, including pelief.	
NAME OF C	CLAIMANT	TIT	LE		DATE		
SIGNATUR	RE OF CLAIMANT		DAYTIME TELE	PHONE	EMAIL ADDRESS	1	
	THE BOOLINENT IS SOMEIDE	NITIA!	ANDION	T OUD IFOT TO D	UDI IO DIOOI OOLI	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.

