BOE-267-L2 (P1) (06-17)

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

| Gus Kramer      |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|
| County Assessor |  |  |  |  |  |  |

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

| This claim i | is filed for fiscal year 20 — 20                       |
|--------------|--|
| This is a Su | upplemental Affidavit filed with                       |
|              | BOE-267, Claim for Welfare Exemption (First Filing)    |
|              | BOE-267-A, Claim for Welfare Exemption (Annual Filing) |
|              |  |

| nis is a Supplemental Affidavit filed with   |   |   |  |  |
|--|---|---|--|--|
| □ BOE-267, Claim for Welfare Exemption (First  | st Filing)  |   |  |  |
| ☐ BOE-267-A, Claim for Welfare Exemption (A  | Annual Filing)  |   |  |  |
| the case of a claim, for low-income rental housinbility company, that does not receive government that limit if 90 percent or more of the occupants of Section 50053 of the Health and Safety Code. The ataxpayer, with respect to a single property or must complete this affidavit if you checked box C(3) section 214(g)(1)(C).  ECTION 1. IDENTIFICATION OF APPLICANT AND time of Organization | at financing or receive low<br>f the property are lower inc<br>the total exemption amount<br>sultiple properties, may not<br>in Section 3 of form BOE-2 | income housing tax of the come households whose allowed under Revenus exceed ten million do 267-L indicating you ar | redits, may qualify for<br>e rent does not exceed to<br>ue and Taxation Code s<br>Ilars (\$10,000,000) in as | exemption up to<br>the rent prescrib<br>ection 214(g)(1)(<br>ssessed value. You<br>der the provision |
| dropp of Droporty (number and street)  |   |   |  |  |
| Idress of Property (number and street)   |   |   |  |  |
| ty, County, Zip Code   | $\Lambda / I$   |   |  |  |
| ECTION 2. HOUSEHOLD INFORMATION  |   |   |  |  |
| List of Qualified Households   | _   | _   |  |  |
| ection 259.14 of the California Revenue and Taxation fidavit reporting the following information on the unit come, the maximum rent that can be charged to the iditional sheets as necessary. Report information for e   | s occupi <mark>ed</mark> by lower income<br>household, and the actual r   | households for which<br>ent. Use the table belo   | exemption is claimed: the required   | ne actual househo  |
| Address/Unit Number  | No. of Persons in<br>Household  | Annual Household<br>Income  | Maximum Allowable<br>Rent That Can Be<br>Charged   | Actual Rent<br>Charged   |
|  | JS  | E!  |  |  |
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|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   | Tion  |  |  |
| I certify (or declare) under penalty of perjury under t<br>any accompanying statements or c  | CERTIFICA the laws of the State of Califo   | ornia that the foregoing a  | and all information contain  | ned herein, includi<br>lief.   |
| any accompanying statements or c   | the laws of the State of Califo   | ornia that the foregoing a<br>nd complete to the best   | of my knowledge and be   | ned herein, includi<br>lief.<br>DATE   |
| I certify (or declare) under penalty of perjury under t<br>any accompanying statements or c<br>NAME OF CLAIMANT<br>SIGNATURE OF CLAIMANT   | the laws of the State of Califo<br>documents, is true, correct, a   | ornia that the foregoing a<br>nd complete to the best<br>.E   | of my knowledge and be   | lief.  |

| , , , ,               | •         | •        | , ,           |      |
|-----------------------|-----------|----------|---------------|------|
| NAME OF CLAIMANT      |           | TITLE    |               | DATE |
|                       |           |          |               |      |
| SIGNATURE OF CLAIMANT | DAYTIME T | ELEPHONE | EMAIL ADDRESS |      |
| <u> </u>              | , ,       |          |               |      |

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE



# 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 and county in which the property is located.

### 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.

