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

BOE-267-L2 (P1) REV. 01 (12-18)

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

Paul Dictos, CPA Fresno County Assessor-Recorder

DATE

EMAIL ADDRESS

P. O. Box 1146 Fresno, CA 93715 (559) 600-3534 www.assessor.co.fresno.ca.us

| This is a Supplemental Affidavit filed with | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| □ BOE-267, Claim for Welfare Exemption (First Fili | ing) | | | |
| BOE-267-A, Claim for Welfare Exemption (Annua | al Filing) | | | |
| In the case of a claim, for low-income rental housing p liability company, that does not receive government fina certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The tot to a taxpayer, with respect to a single property or multip You must complete this affidavit if you checked box C provisions of section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF ORGANIZATION OF APPLICANT AND IDENTIFICATION AND IDENTIFICATION AND IDENTIFICATION AND IDENTIFICATION | ancing or receive low- property are lower inco- tal exemption amount ble properties, may no- (3) in Section 3 of for | income housing tax one households whose allowed under Revent texceed twenty milliorm BOE-267-L indications. | credits, may qualify for se rent does not exceed ue and Taxation Code s in dollars (\$20,000,000) | exemption up to a the rent prescribed section 214(g)(1)(C) in assessed value. temption under the |
| Address of Property (number and street) City, County, Zip Code | 1 | 9/ | FI | |
| A. List of Qualified Households Section 259.14 of the California Revenue and Taxation Cod affidavit reporting the following information on the units oci income, the maximum rent that can be charged to the hous additional sheets as necessary. Report information for each | cupi <mark>ed</mark> by lower <mark>inc</mark> ome seh <mark>old, and the act</mark> ual r | households for which ent. Use the table belo | exemption is claimed: t w to provide the required | he actual household |
| Address/Unit Number | No. of Persons in Household | Annual Household Income | Maximum Allowable Rent That Can Be Charged | Actual Rent Charged |
| | | | | |
| | | | | |
| | CERTIFICA | | | |

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE

any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

DAYTIME TELEPHONE

TITLE



NAME OF CLAIMANT

SIGNATURE OF CLAIMANT

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.

