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

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

OF OF ORDER

County of Inyo Dave Stottlemyre, Assessor

P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

This is a Supplemental Affidavit filed with						
☐ BOE-267, Claim for Welfare Exemption (First	t Filing)					
BOE-267-A, Claim for Welfare Exemption (A	nnual Filing)					
In the case of a claim, for low-income rental housin liability company, that does not receive government certain limit if 90 percent or more of the occupants of the Section 50053 of the Health and Safety Code. The state a taxpayer, with respect to a single property or multipulate complete this affidavit if you checked box C(3) in of section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND	financing o the property total exempt ble propertie n Section 3	r receive low- are lower incition amount a s, may not ex of form BOE-2	income housing tax of the come households whose lowed under Revenue ceed twenty million do the company of the c	redits, may one rent does not and Taxation ollars (\$20,000)	qualify for one of exceed to Code section, 000) in as	exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You
Name of Organization				Corporate II	D or LLC Nu	umber
Address of Property (number and street)	Λ					
City, County, Zip Code				As <mark>sessor's Parcel/Ass</mark> essment Number(s)		
Section 259.14 of the Revenue and Taxation Code prov reporting the following information on the units occupied						l include an affidavit
maximum rent that can be char <mark>ged</mark> to the ho <mark>us</mark> ehold, and as necessary. Report information for each unit that was r	the ac <mark>tua</mark> l re	ent. Use the tal	ole below to provide the			
maximum rent that can be charged to the household, and	the actual reported in Se	ent. Use the tal	ole below to provide the		mation. Atta Illowable Can Be	
maximum rent that can be charged to the household, and as necessary. Report information for each unit that was r	the actual reported in Se	ent. Use the tablection 4, part B	ole below to provide the of form BOE-267-L. Annual Household	re <mark>qu</mark> ired inforr Maximum A Rent That	mation. Atta Illowable Can Be	Actual Rent Charged to
maximum rent that can be charged to the household, and as necessary. Report information for each unit that was r	the actual reported in Se	ent. Use the tablection 4, part B	ole below to provide the of form BOE-267-L. Annual Household	re <mark>qu</mark> ired inforr Maximum A Rent That	mation. Atta Illowable Can Be	Actual Rent Charged to
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maximum rent that can be charged to the household, and as necessary. Report information for each unit that was reach an address/Unit Number Address/Unit Number	No. o He he laws of the	cent. Use the talection 4, part B of Persons in ousehold CERTIFICA State of California	Annual Household Income TION Trion	Maximum A Rent That Charged for	mation. Atta	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.

