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

BOE-267-L2 (P1) REV 02 (05-19)

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

MARIN

# Shelly Scott Assessor-Recorder-County Clerk

County of Marin P.O. Box C San Rafael, CA 94913 Phone: (415) 473-7215 Fax: (415) 473-6542

This is a Supplemental Affidavit filed with				
□ BOE-267, Claim for Welfare Exemption (First Fili	ng)			
☐ BOE-267-A, Claim for Welfare Exemption (Annua	al Filing)			
In the case of a claim, for low-income rental housing provided in the case of a claim, for low-income rental housing provided in the low-income rental housing provided in the control of the correction of the correction of the provided in the provided in the correction of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple provided in the complete this affidavit if you checked box C(3) in Section 214(g)(1)(C).  SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFIC	ancing or receive low- property are lower inco I exemption amount a properties, may not ex ection 3 of form BOE-2	income housing tax of the come households whose lowed under Revenue ceed twenty million do the company of the c	credits, may qualify for the rent does not exceed and Taxation Code sec ollars (\$20,000,000) in as	exemption up to a the rent prescribed tion 214(g)(1)(C) to seessed value. You der the provisions
City, County, Zip Code	$\Lambda AB$			
SECTION 2. HOUSEHOLD INFORMATION  A. List of Qualified Households  Section 259.14 of the California Revenue and Taxation Cod an affidavit reporting the following information on the units of income, the maximum rent that can be charged to the hous additional sheets as necessary. Report information for each of the control	occu <mark>pie</mark> d by lowe <mark>r i</mark> nconsehold, and the actual runit that was reported in	ne households for which ent. Use the table belo Section 4, part B of for	n exemption is claimed: ti w to provide the required m BOE-26 <mark>7-L</mark> .	he actual household I information. Attach
Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
		-1		
1				
	CEDTIEICA	TION		
I certify (or declare) under penalty of perjury under the la any accompanying statements or docum	CERTIFICA ws of the State of Californents, is true, correct, a	ornia that the foregoing a	and all information contain	ned herein, including lief.

DAYTIME TELEPHONE

EMAIL ADDRESS

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.

