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

S COUNTY OF COUN

Vincent P. Kehoe County of Mariposa Assessor/Recorder

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

	lemental Affidavit filed with				
□ во	OE-267, Claim for Welfare Exemp	tion (First Filing)			
□ во	OE-267-A, Claim for Welfare Exen	nption (Annual Filing)			
liability comp certain limit it by Section 50 a taxpayer, w must complet of section 21	IDENTIFICATION OF APPLICA	rernment financing or receive pants of the property are lower ode. The total exemption amou or multiple properties, may not cox C(3) in Section 3 of form B	low-income housing tax cre- income households whose int allowed under Revenue a of exceed twenty million doll DE-267-L indicating you are	edits, may qualify for rent does not exceed nd Taxation Code se ars (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to assessed value. You nder the provisions
Address of Pro	operty (number and street)	/			7
City, County, Z	Zip Code		PL		
an affidavit re income, the m	4 of the California Revenue and porting the following information chaximum rent that can be charged tets as necessary. Report information	on the units occupied by lower in d to the household, and the act tion for each unit that was report	ncome households for which out all rent. Use the table below ed in Section 4, part B of form	exemption is claimed: to provide the require	the actual household
	Address/Unit Number	No. of Persons Household	Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to
					the Tenant
					•
					•
I certify (o	or declare) under penalty of perjury any accompanying stateme		EICATION California that the foregoing and complete to the best of	d all information conta f my knowledge and be	the Tenant
I certify (o	any accompanying stateme	under the laws of the State of C	California that the foregoing an	d all information conta f my knowledge and bo	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 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.

