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

| Katrina | Barto | lomie | |
|--------------|--------------|--------|-----------------|
| MENDO | CINO | COUNTY | ASSESSOR |

501 Low Gap Road, Room 1020

Ukiah, CA 95482

Telephone: (707) 234-6800 Fax: (707) 463-6597

| This is a S | Supplemental Affidavit filed with | | | | | | |
|--|--|---|--|--|-------------------------------------|--|--|
| | BOE-267, Claim for Welfare Exemption (Firs | st Filing) | | | | | |
| П | BOE-267-A, Claim for Welfare Exemption (A | Annual Filing) | | | | | |
| liability c certain lin by Section to a taxpa You mus provision | ase of a claim, for low-income rental housing company, that does not receive governmen mit if 90 percent or more of the occupants of on 50053 of the Health and Safety Code. The layer, with respect to a single property or most complete this affidavit if you checked be not of section 214(g)(1)(C). | at financing of f the property he total exem nultiple propox ox C(3) in S | or receive lowy are lower incurption amount erties, may no ection 3 of for | income housing tax of the come households whose allowed under Revenut exceed twenty million BOE-267-L indication | credit se ren ue an on dol | s, may qualify for t does not exceed d Taxation Code s lars (\$20,000,000) | exemption up to a the rent prescribed section 214(g)(1)(C) in assessed value. |
| | | DIDLIVINIC | ATION OF FE | KOPEKIT | | | |
| Name of (| Organization | | | | Coi | porate ID or LLC N | <mark>lu</mark> mber |
| Address o | of Property (number and street) | Λ | | | | | 7 |
| City, Cour | nty, Zip Code | | | | | | |
| | N 2. HOUSEHOLD INFORMATION of Qualified Households | | | | | | |
| affidavit r income, t | 259.14 of the California Revenue and Taxation reporting the following information on the unit the maximum rent that can be charged to the I sheets as necessary. Report information for e | ts occupi <mark>ed</mark> b household, a | y lower <mark>inc</mark> ome and the <mark>act</mark> ual r | households for which ent. Use the table belo | e <mark>xe</mark> n w to إ | nption i <mark>s c</mark> laimed: t provid <mark>e t</mark> he required | the actual household |
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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.

