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

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

Shirty of Acousting

Kristen DePaul Modoc County Assessor

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

This claim is filed for fiscal year 20 = 20				
This is a Supplemental Affidavit filed with				
☐ BOE-267, Claim for Welfare Exemption (First F	Filing)			
☐ BOE-267-A, Claim for Welfare Exemption (Ann	nual Filing)			
In the case of a claim, for low-income rental housing liability company, that does not receive government for certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The total taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in of section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND I	inancing or receive low- ne property are lower inco stal exemption amount a ne properties, may not ex Section 3 of form BOE-2	income housing tax come households whose lowed under Revenue ceed twenty million do 67-L indicating you are	redits, may qualify for e e rent does not exceed t and Taxation Code sect llars (\$20,000,000) in as	exemption up to a he rent prescribed ion 214(g)(1)(C) to sessed value. You
Name of Organization			Corporate ID or LLC Nu	mber
Address of Property (number and street)	\ \ \ \ \ \ \ \ \			1
City, County, Zip Code			Assessor's Parcel/Asse	ssment Number(s)
SECTION 2. HOUSEHOLD INFORMATION				
A. List of Qualified Households Section 259.14 of the Revenue and Taxation Code provide reporting the following information on the units occupied by maximum rent that can be charged to the household, and the as necessary. Report information for each unit that was reported to the household of the control	oy low <mark>er i</mark> ncome ho <mark>usehol</mark> e the ac <mark>tua</mark> l rent. Use the tal	ds for which exemption in the following to be selected by the following	s <mark>cl</mark> aimed: t <mark>he</mark> actual hou	sehold income, the
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
I certify (or declare) under penalty of perjury under the any accompanying statements or doc	CERTIFICA laws of the State of Califo cuments, is true, correct, a	rnia that the foregoing a	nd all information contain of my knowledge and bel	ed herein, including ief.
NAME OF CLAIMANT	ТІТІ	E	[DATE
SIGNATURE OF CLAIMANT	DAYTIME TELEP	HONE	EMAIL ADDRESS	

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.

