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

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

This claim i	s filed for fiscal year 20 — 20
This is a Su	upplemental Affidavit filed with
	BOE-267, Claim for Welfare Exemption (First Filing)
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)

Mono County Office Of The Assessor Barry Beck, Assessor

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Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

This claim is filed for fisca	al year 20 — 20								
This is a Supplemental A	ffidavit filed with								
	BOE-267, Claim for Welfare Exemption (First Filing)								
☐ BOE-267-A,	Claim for Welfare Exemption (Annu	ual Filing)							
liability company, that of certain limit if 90 percently Section 50053 of the ataxpayer, with respectionst complete this affic of section 214(g)(1)(C).	for low-income rental housing places not receive government fir it or more of the occupants of the Health and Safety Code. The total to a single property or multiple davit if you checked box C(3) in SCATION OF APPLICANT AND ID	nancing of property al exempt properties Section 3 (r receive low are lower inc ion amount a s, may not ex of form BOE-2	-income housing tax one households whose lowed under Revenue ceed twenty million do 267-L indicating you a	credits se rent e and T ollars (s, may qualify for does not exceed axation Code se (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You		
Name of Organization					Corr	porate ID or LLC	dumber.		
Name of Organization					Corp	porate ib or LLC i	Mullibel		
Address of Property (num	nber and street)	Λ					7		
City, County, Zip Code	SA	Λ							
an affidavit reporting the income, the maximum re	useholds alifornia Revenue and Taxation Co following information on the units ent that can be charged to the hou essary. Report information for each	occu <mark>pie</mark> d l iseh <mark>old</mark> , ar	by lowe <mark>r i</mark> ncor nd the <mark>ac</mark> tual	ne ho <mark>us</mark> eholds for whic rent. Use the table belo	h exemow to p	nption <mark>is</mark> claimed: rovid <mark>e t</mark> he require	the actual household		
Addr	ress/Unit Number		f Persons in ousehold	Annual Household Income	Rer	imum Allowable nt That Can Be ged for the Unit	Actual Rent Charged to the Tenant		
					1				
l certify (or declare) ι any	under penalty of perjury under the la accompanying statements or docu	aws of the iments, is t	CERTIFICA State of Califo true, correct, a	ornia that the foregoing	and all t of my	information conta knowledge and b	ined herein, including elief.		
NAME OF CLAIMANT	.		ТІТ				DATE		
SIGNATURE OF CLAIMANT			DAYTIME TELEF	PHONE	E	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 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.

