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

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

HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA						
This claim is filed for fiscal year 20 — 20						
This is a Supplemental 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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	BOE-267, Claim for Welfare Exemption (First Filing)					
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liability co certain lin by Section a taxpaye must com of section	se of a claim, for low-income rental housing pompany, that does not receive government fir nit if 90 percent or more of the occupants of the n 50053 of the Health and Safety Code. The totar, with respect to a single property or multiple uplete this affidavit if you checked box C(3) in Society (2) and 214(g)(1)(C).	nancing or re e property are al exemption properties, I Section 3 of f	eceive low- e lower inco n amount al may not exc form BOE-2	income housing tax ome households who lowed under Revenue ceed twenty million d 67-L indicating you a	credits, may qualify for se rent does not exceed a and Taxation Code so collars (\$20,000,000) in	or exemption up to a d the rent prescribed ection 214(g)(1)(C) to assessed value. You
Name of C	Organization				Corporate ID or LLC	Number
	f Property (number and street)	Λ				
City, Coun	ty, Zip Code					
SECTION	2. HOUSEHOLD INFORMATION					
an affidavi income, th	59.14 of the California Revenue and Taxation Co it reporting the following information on the units ne maximum rent that can be charged to the hou sheets as necessary. Report information for each	occu <mark>pie</mark> d by usehold, and	lowe <mark>r i</mark> ncom the <mark>ac</mark> tual re	e households for whice the table belower.	h <mark>exe</mark> mption <mark>is</mark> claimed: ow to provide the requir	the actual household
	Address/Unit Number		ersons in sehold	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
				<i></i>		
I certif	fy (or declare) under penalty of perjury under the la any accompanying statements or docu	aws of the St	ERTIFICA ate of Califo e, correct, a	rnia that the foregoing	and all information cont t of my knowledge and l	ained herein, including pelief.
NAME OF	CLAIMANT		TITL	E	<u> </u>	DATE
SIGNATUI	RE OF CLAIMANT	DA (YYTIME TELEPI	HONE	EMAIL ADDRESS	
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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 does not 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.

