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

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

Xochitl	Marina	Cama	icho
Monter	ey Cour	າty As	sessor

P. O. Box 570

Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

assessor@co.monterey.ca.us

This claim is filed for fiscal year 20 — 20				
This is a Supplemental Affidavit filed with				
	ng)			
BOE-267-A, Claim for Welfare Exemption (Annua	al Filing)			
In the case of a claim, for low-income rental housing poliability company, that does not receive government final certain limit if 90 percent or more of the occupants of the play Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple play must complete this affidavit if you checked box C(3) in Second 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF APPLICANT	ancing or receive low- property are lower inco I exemption amount al properties, may not exc ection 3 of form BOE-2	income housing tax of ome households whos lowed under Revenue seed twenty million do 67-L indicating you ar	credits, may qualify for one credits, may qualify for one credits and Taxation Code section (\$20,000,000) in as	exemption up to a the rent prescribed tion 214(g)(1)(C) to sessed value. You
Name of Organization			Corporate ID or LLC Nu	lmber
Address of Property (number and street)	Λ / Ι			
City, County, Zip Code				
SECTION 2. HOUSEHOLD INFORMATION				
Section 259.14 of the California Revenue and Taxation Cod an affidavit reporting the following information on the units of income, the maximum rent that can be charged to the hous additional sheets as necessary. Report information for each units of the control	ccu <mark>pie</mark> d by lowe <mark>r i</mark> ncom sehold, and the <mark>ac</mark> tual r	e households for whickent. Use the table belo	n <mark>exe</mark> mption <mark>is</mark> claimed: th w to provide the required	ne actual household
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 la any accompanying statements or docun	CERTIFICA ws of the State of Califo nents, is true, correct, a	rnia that the foregoing	and all information contain	ned herein, including
NAME OF CLAIMANT				161.
	TITL			DATE
SIGNATURE OF CLAIMANT	DAYTIME TELEPI	E		

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.

