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

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

Matthew R. Maynard **Placer County Assessor** 

2980 Richardson Dr Auburn CA 95603 Phone: 530-889-4300 Fax: 530-889-4305 assessor@placer.ca.gov

This claim is 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)					

☐ BOE-267-A, Claim for Welfare Exemption (Annua	al Filing)						
In the case of a claim, for low-income rental housing pliability company, that does not receive government fina certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The tota a taxpayer, with respect to a single property or multiple pmust complete this affidavit if you checked box C(3) in Section 214(g)(1)(C).	ancing of property I exempt properties ection 3 c	r receive low are lower inc ion amount a s, may not ex of form BOE-2	income housing tax crome households whose llowed under Revenue a ceed twenty million dol 267-L indicating you are	edits, may qualify fo rent does not exceed and Taxation Code se ars (\$20,000,000) in a	r exemption up to a d the rent prescribed ection 214(g)(1)(C) to assessed value. You		
SECTION 1. IDENTIFICATION OF APPLICANT AND IDE	NTIFIC	ATION OF PE	ROPERTY				
Name of Organization  Corporate ID or LLC Number							
Address of Property (number and street)  City, County, Zip Code	A						
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SECTION 2. HOUSEHOLD INFORMATION							
A. List of Qualified Households							
Section 259.14 of the California Revenue and Taxation Cocan 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 unit of the control of	ccu <mark>pie</mark> d l sehold, ar	by lowe <mark>r i</mark> ncor nd the <mark>ac</mark> tual i	ne households for which rent. Use the table below	exemption is claimed: to provide the require	the actual household		
Address/Unit Number		f Persons in ousehold	Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant		
	<b>.</b>						
			<del></del>				
		CERTIFICA	ATION				
I certify (or declare) under penalty of perjury under the la any accompanying statements or docun	ws of the nents, is t	State of Califo	ornia that the foregoing ar	nd all information conta f my knowledge and b	ained herein, including pelief.		
I certify (or declare) under penalty of perjury under the la any accompanying statements or docum	ws of the nents, is t	State of Califo	ornia that the foregoing ar and complete to the best o	nd all information conta of my knowledge and b	ained herein, including selief.		
any accompanying statements or docum	ws of the nents, is t	State of Califo rue, correct, a	ornia that the foregoing and complete to the best o	nd all information conta of my knowledge and b	pelief.		

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE



# 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.

