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

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

OF RIVERS

# Peter Aldana Assessor-County Clerk-Recorder

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

| This claim is filed for fiscal year 20 — 20  |  |  |   |  |
|--|--|--|---|--|
| This is a Supplemental Affidavit filed with  |  |  |   |  |
| ☐ BOE-267, Claim for Welfare Exemption (First Fili   | ing)   |  |   |  |
| ☐ BOE-267-A, Claim for Welfare Exemption (Annua  | al Filing)   |  |   |  |
| In the case of a claim, for low-income rental housing p liability 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 p must complete this affidavit if you checked box C(3) in Section 214(g)(1)(C).  SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION AND IDEN | ancing or receive lov<br>property are lower in<br>il exemption amount<br>properties, may not e<br>ection 3 of form BOE   | w-income housing tax crucome households whose allowed under Revenue a exceed twenty million doll -267-L indicating you are   | edits, may qualify for<br>rent does not exceed<br>nd Taxation Code sec<br>ars (\$20,000,000) in a         | exemption up to a<br>the rent prescribed<br>tion 214(g)(1)(C) to<br>ssessed value. You |
| Name of Organization   |  |  | Corporate ID or LLC N   | umber  |
| Address of Property (number and street)  City, County, Zip Code  | <b>\</b> //  | P  | Assessor's Parcel/Ass   | essment Number(s)  |
| Outing 050 44 of the December 1 Tourist Outine   | 41. 4 . 1 . 1  |  |   | U (m. 16. m) - <b></b>   |
| Section 259.14 of the Revenue and Taxation Code provides 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 repo  | lower income househore actual rent. Use the touted in Section 4, part  No. of Persons in   | olds for which exemption is<br>able below to provide the re<br>B of form BOE-267-L.  Annual Household  | claimed: the actual ho<br>quired information. Atta<br>Maximum Allowable                                   | usehold income, the ach additional sheets  Actual Rent                                 |
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| 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 repo  Address/Unit Number  I certify (or declare) under penalty of perjury under the la  | certific twents, is true, correct, is true, correct, is true, correct, income household.   | ATION  is able below to provide the representation is able to provide the representation is a provide the repr | claimed: the actual hor quired information. Atta  Maximum Allowable Rent That Can Be Charged for the Unit | Actual Rent Charged to the Tenant  |

# 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.

