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

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

Tom J. Slavich
San Benito County Assessor

440 Fifth St. Rm. 108 Hollister, CA 95023-3893 Tel: 831-636-4030 Fax: 831-636-4033

www.cosb.us/government/assessor

| This is a Supplemental Affidavit filed with   |   |  |  |  |
|---|---|--|--|--|
| ☐ BOE-267, Claim for Welfare Exemption (First   | : Filing)   |  |  |  |
| ☐ BOE-267-A, Claim for Welfare Exemption (Ar  | nnual Filing)   |  |  |  |
| In the case of a claim, for low-income rental housing liability company, that does not receive government certain limit if 90 percent or more of the occupants of the Section 50053 of the Health and Safety Code. The tataxpayer, with respect to a single property or multip must complete this affidavit if you checked box C(3) in of section 214(g)(1)(C).  SECTION 1. IDENTIFICATION OF APPLICANT AND   | financing or receive low<br>the property are lower in-<br>total exemption amount a<br>ole properties, may not e<br>in Section 3 of form BOE | y-income housing tax cre<br>come households whose in<br>allowed under Revenue an<br>exceed twenty million dollar<br>267-L indicating you are s | dits, may qualify for<br>rent does not exceed to<br>nd Taxation Code sec<br>ars (\$20,000,000) in as | exemption up to a<br>the rent prescribed<br>tion 214(g)(1)(C) to<br>ssessed value. You |
|   |   |  |  |  |
| Name of Organization  |   |  | Corpora <mark>te I</mark> D or LLC <mark>N</mark> u  | umber  |
| Address of Property (number and street)   | <b>A A</b>  |  |  |  |
| City, County, Zip Code  |   |  | As <mark>se</mark> ssor's Parcel/Asse  | essment Number(s)  |
| A. List of Qualified Households  Section 259.14 of the Revenue and Taxation Code provireporting the following information on the units occupied maximum rent that can be charged to the household, and as necessary. Report information for each unit that was re-  | by low <mark>er i</mark> ncome househo<br>I the act <mark>ua</mark> l rent. Use the ta  | lds for which exemption is ble below to provide the re   | claimed: the actual ho   | usehold income, the  |
| Address/Unit Number   | No. of Persons in   | Annual Household M   | Maximum Allowable  |  |
| - Add 353/5/III Hallibol  | Household   | Income   | Rent That Can Be<br>Charged for the Unit   | Actual Rent<br>Charged to<br>the Tenant  |
| A data day of the first of the | Household   |  | Rent That Can Be   | Charged to   |
|   | Household   |  | Rent That Can Be   | Charged to   |
| I certify (or declare) under penalty of perjury under th  | CERTIFIC. e laws of the State of Cali   | ATION fornia that the foregoing and  | Rent That Can Be charged for the Unit  | Charged to the Tenant  |
|   | CERTIFIC.  The laws of the State of Califocuments, is true, correct,  | ATION fornia that the foregoing and  | Rent That Can Be charged for the Unit  | 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.

