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

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

| | C LOWER INCOME HOUSEHOLDS | I ENAMI DAIA |
|--------------|---|--------------|
| This claim i | s 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 Fi | ling) |
| | | |

Josie Gonzales Assessor-Recorder-County Clerk

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc

Phone: (909) 387-8307 Toll Free: (877) 885-7654

| Triis claim is filed for fiscal year 20 — 20 | • | | | |
|---|--|---|---|--|
| This is a Supplemental Affidavit filed with | | | | |
| □ BOE-267, Claim for Welfare Exemption (Fig. 1) □ BOE-267, Claim for Welfare Exemption (Fig. 2) □ BOE-267, Claim for Welfare Exemption (Fig. 2) | rst Filing) | | | |
| BOE-267-A, Claim for Welfare Exemption (| (Annual Filing) | | | |
| In the case of a claim, for low-income rental hous liability company, that does not receive governme certain limit if 90 percent or more of the occupants of by Section 50053 of the Health and Safety Code. The a taxpayer, with respect to a single property or multimust complete this affidavit if you checked box C(3 of section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND | nt financing or receive of the property are lower e total exemption amou tiple properties, may no) in Section 3 of form B | low-income housing tax income households who int allowed under Revenu of exceed twenty million of DE-267-L indicating you a | credits, may qualify for se rent does not exceed e and Taxation Code sed lollars (\$20,000,000) in a | exemption up to a the rent prescribed tion 214(g)(1)(C) to ssessed value. You |
| Name of Organization | | | Corporate ID or LLC N | umber |
| Address of Property (number and street) | \ | | | |
| City, County, Zip Code | | PL | Assessor's Parcel/Ass | essment Number(s) |
| A. List of Qualified Households Section 259.14 of the Revenue and Taxation Code preporting the following information on the units occupied maximum rent that can be charged to the household, a as necessary. Report information for each unit that was | ed by low <mark>er i</mark> ncome ho <mark>us</mark> nd the ac <mark>tua</mark> l rent. Use th | eholds for which exemption e table below to provide the | n is <mark>cl</mark> aimed: t <mark>he</mark> actual ho | usehold income, the |
| Address/Unit Number | No. of Persons Household | a in 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 any accompanying statements or | the laws of the State of C | FICATION California that the foregoing | and all information contaits of my knowledge and be | ined herein, including |
| NAME OF CLAIMANT | accamento, io trae, corre | TITLE | . c. my knowledge and be | |
| | | | | DATE |

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.

