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

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

HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA						
This claim is filed for fiscal year 20 — 20						
This is a Supplemental Affidavit filed with						
	BOE-267, Claim for Welfare Exemption (First Filing)					
	BOE-267-A. Claim for Welfare Exemption (Annual Filing)					

Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

This is a S	Supplemental Affidavit filed with					
	BOE-267, Claim for Welfare Exemption (First F	iling)				
	BOE-267-A, Claim for Welfare Exemption (Ann	ual Filing)				
liability co certain lim by Section a taxpaye must com of section SECTION	se of a claim, for low-income rental housing ompany, that does not receive government finit if 90 percent or more of the occupants of the n 50053 of the Health and Safety Code. The tour, with respect to a single property or multiple applete this affidavit if you checked box C(3) in a 214(g)(1)(C). In 1. IDENTIFICATION OF APPLICANT AND Integral property of the companies of the	nancing of e property tal exempt e properties Section 3 of	r receive low- are lower inco ion amount al s, may not ex of form BOE-2	income housing tax of ome households whos lowed under Revenue seed twenty million do 67-L indicating you ar	redits, may qualify for e rent does not exceed and Taxation Code se ollars (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to assessed value. You under the provisions
Address of	f Property (number and street)	Λ				
City, Count	ty, Zip Code	Λ				
A. List of Section 25 an affidavi income, th	f Qualified Households 59.14 of the California Revenue and Taxation C it reporting the following information on the units ne maximum rent that can be charged to the ho sheets as necessary. Report information for each	occu <mark>pie</mark> d l usehold, ar	by lowe <mark>r i</mark> ncom nd the <mark>ac</mark> tual re	e households for which ent. Use the table belo	n <mark>exe</mark> mption <mark>is</mark> claimed: w to provide the require	the actual household
	Address/Unit Number		f Persons in ousehold	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
			5			
I certif	fy (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the uments, is a	CERTIFICA State of Califo true, correct, a	rnia that the foregoing a	and all information conta of my knowledge and b	ained herein, including
	fy (or declare) under penalty of perjury under the any accompanying statements or doc CLAIMANT	laws of the uments, is t	State of Califo	rnia that the foregoing and complete to the best	and all information conta of my knowledge and b	ained herein, including elief.
NAME OF	any accompanying statements or doc	laws of the uments, is t	State of Califo true, correct, a	rnia that the foregoing and complete to the best	and all information conta of my knowledge and b	elief.

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.

