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

SANTA BARA

Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159

Santa Barbara, CA 93102-0159 Santa Barbara: (805) 568-7899 Santa Maria: (805) 346-8310

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

| his claim is filed for fiscal year 20 — 20 | | | | | | |
|---|--|--|--|--|---|---|
| nis is a Supplemental Affidavit filed with | | | | | | |
| BOE-267, Claim for Welfare Exempt | tion (First Filing) | | | | | |
| ☐ BOE-267-A, Claim for Welfare Exem | nption (Annual Filing) | | | | | |
| the case of a claim, for low-income renta billity company, that does not receive governain limit if 90 percent or more of the occup section 50053 of the Health and Safety Cotaxpayer, with respect to a single property oust complete this affidavit if you checked be section 214(g)(1)(C). | ernment financing or pants of the property de. The total exempti or multiple properties ox C(3) in Section 3 c | receive low-in are lower incom ion amount allo s, may not exce of form BOE-267 | come housing tax on the households whose wed under Revenue ed twenty million do '-L indicating you ar | redits, may e rent does i and Taxatio blars (\$20,00 | qualify for e not exceed the n Code section,000) in ass | exemption up to a ne rent prescribed ion 214(g)(1)(C) to sessed value. You |
| TOTION I. IDENTIFICATION OF AFFEIGA | INT AND IDENTIFICA | ATION OF PRO | FERIT | | | |
| ame of Organization | | | | Corporate | D or LLC Nu | mber |
| ty, County, Zip Code | 41 | Æ | P | Assessor's | Parcel/Asses | ssment Number(s) |
| ECTION 2. HOUSEHOLD INFORMATION List of Qualified Households ection 259.14 of the Revenue and Taxation Corporting the following information on the units | | | | | | |
| . List of Qualified Households | occupied by lower inco hold, and the actual re hat was reported in Se No. of | ome households nt. Use the table ction 4, part B of | for which exemption below to provide the | is claimed: the required information of the control | ne actual hou mation. Attac Allowable Can Be | sehold income, the hadditional sheet Actual Rent Charged to |
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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.

