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

IENANI DATA				
This claim is filed for fiscal year 20 — 20				
This claim must be filed by 5:00 p.m., February 15.				
This is a Supplemental Affidavit filed with BOE-267, Claim for Welfare Exemption (First Filin BOE-267-A, Claim for Welfare Exemption (Annua	0,			
In the case of a claim, for low-income rental housing pr liability company, that does not receive government fina certain limit if 90 percent or more of the occupants of the pby Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple pr must complete this affidavit if you checked box C(3) in Se of section 214(g)(1)(C).	ncing or receive property are lower exemption amou roperties, may no	low-income housing tax of income households whose tallowed under Revenue texceed twenty million do	credits, may qualify for se rent does not exceed a and Taxation Code se ollars (\$20,000,000) in a	exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You
SECTION 1. IDENTIFICATION OF APPLICANT AND IDE	ENTIFICATION OF	PROPERTY		
Name of Organization			Corporate ID or LLC N	Number
Address of Property (number and street)		1 20		
City, County, Zip Code		'O'	Assessor's Parcel/Ass	sessment Number(s)
Section 259.14 of the Revenue and Taxation Code provides reporting the following information on the units occupied by lamaximum rent that can be charged to the household, and the as necessary. Report information for each unit that was report	ower income house actual rent. Use the	eholds for which exemption e table below to provide the	is claimed: the actual ho	ousehold income, the
Address/Unit Number	No. of Persons Household	in Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
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I certify (or declare) under penalty of perjury under the any accompanying statements or mater	he laws of the State	ICATION e of California that the foreg t, and complete to the best	oing and all information of my knowledge and be	herein, including lief.
NAME OF CLAIMANT		TITLE		DATE
SIGNATURE OF CLAIMANT	DAYTIME T	ELEPHONE	EMAIL ADDRESS	

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

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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.