This is a Supplemental Affidavit filed with

This claim is filed for fiscal year 20 \_\_\_\_ — 20 \_\_\_

BOE-267-L2 (P1) REV. 01 (12-18)

# Butte County

#### Alyssa Douglass Butte County Assessor

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

BOE-267, Claim for Welfare Exemption (First Filing)BOE-267-A, Claim for Welfare Exemption (Annual Filing)

| In the case of a claim, for low-income rental housing p liability company, that does not receive government fina certain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The tot to a taxpayer, with respect to a single property or multip You must complete this affidavit if you checked box C provisions of section 214(g)(1)(C). | ancing o<br>property<br>al exemp<br>ble prope<br>(3) in Se | r receive low<br>are lower inc<br>otion amount<br>rties, may no<br>ction 3 of fo | income housing tax crome households whose allowed under Revenue texceed twenty million rm BOE-267-L indicating | edits, may qualify for<br>rent does not exceed<br>a and Taxation Code<br>dollars (\$20,000,000) | r exemption up to a<br>the rent prescribed<br>section 214(g)(1)(C)<br>in assessed value. |
|---|--|--|--|---|--|
| SECTION 1. IDENTIFICATION OF APPLICANT AND ID   | ENTIFIC  | ATION OF PI  | ROPERTY  |   |  |
| Name of Organization  | Corporate ID or LLC  | <mark>Nu</mark> mber   |  |   |  |
| Address of Property (number and street)   | Λ  |  |  |   | 7  |
| City, County, Zip Code  |  |  |  |   |  |
| SECTION 2. HOUSEHOLD INFORMATION  |  |  |  |   |  |
| Section 259.14 of the California Revenue and Taxation Code affidavit reporting the following information on the units occincome, the maximum rent that can be charged to the hous additional sheets as necessary. Report information for each   | cupi <mark>ed</mark> by<br>sehold, ar                      | lower incomend the actual i  | e households for which e<br>ent. Use the table below   | exemption is claimed: to provide the require  | the actual household   |
| Address/Unit Number   |  | f Persons in<br>ousehold   | Annual Household Income  | Maximum Allowable<br>Rent That Can Be<br>Charged  | Actual Rent<br>Charged   |
|   |  |  |  |   |  |
|   |  |  |  |   |  |
|   |  |  |  |   |  |
| I certify (or declare) under penalty of perjury under the la<br>any accompanying statements or docur  | ws of the<br>nents, is                                     | CERTIFICA<br>State of Califo<br>true, correct, a                                 | ornia that the foregoing ar  | nd all information conta<br>of my knowledge and b   | ined herein, including<br>elief.   |
| NAME OF CLAIMANT  | ТІТІ   | .E   |  | DATE  |  |
| SIGNATURE OF CLAIMANT   |  | DAYTIME TELEF  | PHONE  | EMAIL ADDRESS   |  |
| THIS DOCUMENT IS CONFIDE  | NTIAL  | AND IS NO  | T SUBJECT TO PU  | BLIC DISCLOSU   | <br>RE   |

## 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 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.

