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

# EL DORADO COUNTY JON DEVILLE, ASSESSOR

360 FAIR LN. PLACERVILLE, CA 95667 TEL. 530-621-5719

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

Address/Unit Number  Address/Unit Number  I certify (or declare) under penalty of perjury under the la any accompanying statements or docur  NAME OF CLAIMANT  SIGNATURE OF CLAIMANT	CERTIFIC was of the State of Caliments, is true, correct,	ATION fornia that the foregoing a rand complete to the best	of my knowledge and bel		
Address/Unit Number  I certify (or declare) under penalty of perjury under the la any accompanying statements or docur	CERTIFIC was of the State of Caliments, is true, correct,	Annual Household Income  ATION  Fornia that the foregoing a fand complete to the best	Rent That Can Be Charged for the Unit  Ind all information contain of my knowledge and below	Charged to the Tenant	
	No. of Persons in	Annual Household	Rent That Can Be	Charged to	
	No. of Persons in	Annual Household	Rent That Can Be	Charged to	
	No. of Persons in	Annual Household	Rent That Can Be	Charged to	
	No. of Persons in	Annual Household	Rent That Can Be	Charged to	
additional sheets as necessary. Report information for each	unit that was reported i	Traction 4, part B or lon			
A. List of Qualified Households  Section 259.14 of the California Revenue and Taxation Cod an affidavit reporting the following information on the units cincome, the maximum rent that can be charged to the house	occu <mark>pie</mark> d by lowe <mark>r i</mark> nco sehold, and the <mark>ac</mark> tual	me ho <mark>us</mark> eholds for which rent. Use the table belo	exemption is claimed: the to provide the required	e actual household	
SECTION 2. HOUSEHOLD INFORMATION	ECTION 2. HOUSEHOLD INFORMATION				
City, County, Zip Code	$\Lambda / I$		-		
Address of Property (number and street)	A //			1	
Name of Organization			Corporate ID or LLC Nu	mber	
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 tota a taxpayer, with respect to a single property or multiple p must complete this affidavit if you checked box C(3) in So of section 214(g)(1)(C).  SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF APPLICANT	ancing or receive low property are lower ind il exemption amount a properties, may not ex ection 3 of form BOE-	r-income housing tax of come households whos allowed under Revenue acced twenty million do 267-L indicating you ar	redits, may qualify for e e rent does not exceed to and Taxation Code sect llars (\$20,000,000) in as	exemption up to a the rent prescribed ion 214(g)(1)(C) to sessed value. You	
la the sees of a claim for law impours rental bevious as					
BOE-267-A, Claim for Welfare Exemption (Annua	al Filing)				
<ul><li>BOE-267, Claim for Welfare Exemption (First Fili</li><li>BOE-267-A, Claim for Welfare Exemption (Annual</li></ul>	3,				
	3,				

# 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.

