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

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

This claim	is filed for fiscal year 20 — 20
This is a S	upplemental Affidavit filed with
	BOE-267, Claim for Welfare Exemption (First Filing)
	BOE-267-A, Claim for Welfare Exemption (Annual Filing)

Josie Gonzales Assessor-Recorder-County Clerk

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc

Phone: (909) 387-8307 Toll Free: (877) 885-7654

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This is a Supplemental Affidavit filed with					
☐ BOE-267, Claim for Welfare Exemption (First Fili	ing)				
BOE-267-A, Claim for Welfare Exemption (Annu-	al Filing)				
In the case of a claim, for low-income rental housing p liability company, that does not receive government fincertain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The total a taxpayer, with respect to a single property or multiple pmust complete this affidavit if you checked box C(3) in Sof section 214(g)(1)(C). SECTION 1. IDENTIFICATION OF APPLICANT AND ID Name of Organization Address of Property (number and street) City, County, Zip Code SECTION 2. HOUSEHOLD INFORMATION A. List of Qualified Households Section 259.14 of the California Revenue and Taxation Code	property, owned a ancing or receive property are lowered at exemption amore properties, may nection 3 of form E	e low-income her income hous unt allowed un ot exceed twer OE-267-L indic	ousing tax creholds whose der Revenue anty million doleating you are	edits, may qualify for rent does not exceed and Taxation Code selars (\$20,000,000) in a seeking exemption u	r exemption up to a the rent prescribed ction 214(g)(1)(C) to assessed value. You nder the provisions
an affidavit reporting the following information on the units of income, the maximum rent that can be charged to the hous additional sheets as necessary. Report information for each Address/Unit Number	seh <mark>old, and the ac</mark>	tual rent. Use t ted in Section 4 s in Annual	he table below , part B of form Household ncome	to provide the require	
I certify (or declare) under penalty of perjury under the la any accompanying statements or docum	ws of the State of	ect, and comple			
NAME OF CLAIMANT		TITLE		I	
		TITLE			DATE
SIGNATURE OF CLAIMANT	DAYTIME (TITLE TELEPHONE		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

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.

