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

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT,

HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA
This claim is filed for fiscal year 20 — 20
This is a Supplemental Affidavit filed with
☐ 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 property, owned and ope liability company, that does not receive government financing or receive low-in certain limit if 90 percent or more of the occupants of the property are lower incompany.

Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

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 pmust complete this affid <mark>avit if you ch</mark> ecked box C(3) in Se	ncing o property exempt ropertie	r receive low are lower ind ion amount a s, may not ex	r-income housing tax of come households whos allowed under Revenue acceed twenty million do	redite rendite	s, may qualify for t does not exceed Taxation Code sed (\$20,000,000) in a	exemption up to a the rent prescribed ction 214(g)(1)(C) to essessed value. You
of section 214(g)(1)(C).	NITIFIC	ATION OF D				
SECTION 1. IDENTIFICATION OF APPLICANT AND IDE	NIFIC	ATION OF P	ROPERTY			
Name of Organization				Co	rporate ID or LLC N	lumber
Address of Property (number and street)	Λ					
City, County, Zip Code		////		As	sessor's Parcel/Ass	essment Number(s)
SECTION 2. HOUSEHOLD INFORMATION						
A. List of Qualified Households						
Section 259.14 of the Revenue and Taxation Code provides reporting the following information on the units occupied by low maximum rent that can be charged to the household, and the as necessary. Report information for each unit that was report	ow <mark>er i</mark> nce ac <mark>tua</mark> l re	ome ho <mark>use</mark> ho ent. Use the ta	lds for which exemption ble below to provide the	is cla	imed: t <mark>he</mark> actual ho	ousehold income, the
Address/Unit Number		f Persons in ousehold	Annual Household Income	Re	kimum Allowable ent That Can Be arged for the Unit	Actual Rent Charged to the Tenant
		C				
		CERTIFICA	ATION			
I certify (or declare) under penalty of perjury under the law any accompanying statements or docum	vs of the ents, is	State of Calif true, correct, a	fornia that the foregoing a and complete to the best	and a of m	ll information conta y knowledge and b	ined herein, including elief.
NAME OF CLAIMANT	TITLE				DATE	
SIGNATURE OF CLAIMANT		DAYTIME TELEI	EPHONE		EMAIL ADDRESS	
THIS DOCUMENT IS CONFIDE	JTIAI	VND IS NO	T SUB IECT TO DI	IIRI	IC DISCLOSIII	DE

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.

