This claim is filed for fiscal year 20 ____ — 20 ____

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

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

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MARK CHU	IRCH		
Assessor -	County	Clerk -	Recorde

555 County Center, First Floor Redwood City, CA 94063-1665 Phone: (650) 363-4500

Fax: (650) 599-7435 email: assessor@smcacre.gov web: www.smcacre.gov

This is a S	upplemental Affidavit filed with				
	BOE-267, Claim for Welfare Exemption (F	First Filing)			
	BOE-267-A, Claim for Welfare Exemption	(Annual Filing)			
liability co certain lim by Section a taxpayer must com of section	te of a claim, for low-income rental hou ompany, that does not receive government if if 90 percent or more of the occupants in 50053 of the Health and Safety Code. To, with respect to a single property or muplete this affidavit if you checked box C(214(g)(1)(C).	ent financing or receive low- of the property are lower inco he total exemption amount al ultiple properties, may not exc 3) in Section 3 of form BOE-2	income housing tax of ome households whos lowed under Revenue ceed twenty million do 67-L indicating you ar	redits, may qualify for e rent does not exceed and Taxation Code sec ollars (\$20,000,000) in as	exemption up to a the rent prescribed tion 214(g)(1)(C) to esessed value. You
Name of O	rganization			Corporate ID or LLC N	mber
Address of	Property (number and street)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
City, Count	ty, Zip Code			Assessor's Parcel/Asse	essment Number(s)
SECTION	2. HOUSEHOLD INFORMATION				
A. List of	Qualified Households				
reporting t maximum	59.14 of the Revenue and Taxation Code phe following information on the units occuprent that can be charged to the household, ary. Report information for each unit that was	oied by lower income household and the actual rent. Use the tab as reported in Section 4, part B	Is for which exemption le below to provide the of form BOE-267-L.	is <mark>cl</mark> aimed: th <mark>e</mark> actual hor required information. Atta	usehold income, the
	Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
I certif	y (or declare) under penalty of perjury unde any accompanying statements o	CERTIFICA er the laws of the State of Califo	rnia that the foregoing a	and all information contain	ned herein, including

DAYTIME TELEPHONE

EMAIL ADDRESS

SIGNATURE OF CLAIMANT

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.

