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

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

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

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### Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159 Santa Barbara, CA 93102-0159 Santa Barbara: (805) 568-7899 Santa Maria: (805) 346-8310

This is a S	upplemental Affidavit filed with				
	BOE-267, Claim for Welfare Exemption (First Fi	ling)			
	BOE-267-A, Claim for Welfare Exemption (Annual)	ual Filing)			
liability co certain lim by Section a taxpayer must com of section	te of a claim, for low-income rental housing pompany, that does not receive government fir nit if 90 percent or more of the occupants of the n 50053 of the Health and Safety Code. The totar, with respect to a single property or multiple plete this affidavit if you checked box C(3) in Strategy (1)(C).  1. IDENTIFICATION OF APPLICANT AND IDERGRAPS.	pancing or receive less property are lower all exemption amout properties, may not section 3 of form BC	ow-income housing tax of income households whose tallowed under Revenue texceed twenty million do DE-267-L indicating you ar	redits, may qualify for e rent does not exceed and Taxation Code sec ollars (\$20,000,000) in a	r exemption up to a the rent prescribed ction 214(g)(1)(C) to assessed value. You nder the provisions
Address of	Property (number and street)	<b>A</b> /			7
City, Count	ty, Zip Code		PL		
Section 25 an affidavi	Qualified Households 59.14 of the California Revenue and Taxation Cot reporting the following information on the units are maximum rent that can be charged to the househeets as necessary. Report information for each	occu <mark>pie</mark> d by lower in isehold, and the actu unit that was reporte	come households for which ual rent. Use the table beloed in Section 4, part B of for	n <mark>exe</mark> mption <mark>is</mark> claimed: w to provide the require	the actual household
	Address/Unit Number	No. of Persons Household	in Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
I certify	y (or declare) under penalty of perjury under the la any accompanying statements or docu	CERTIF aws of the State of C ments, is true, correc	alifornia that the foregoing	and all information conta of my knowledge and bo	ined herein, including
NAME OF					
NAME OF (	CLAIMANT		TITLE		DATE

# 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.

