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

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVI HOUSING — LOWER INCOME HOUSEHOLDS — TENANT DATA

8	SONA COURT
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	NOUSTRY RECREATION CALIFORNIA
Т,	CIFORI

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	is filed for fiscal year 20 — 20					
This is a S	Supplemental Affidavit filed with					
	BOE-267, Claim for Welfare Exemption (First F	-iling)				
	BOE-267-A, Claim for Welfare Exemption (Ann	ıual Filing)				
liability co certain lin by Section a taxpaye must com of section	se of a claim, for low-income rental housing ompany, that does not receive government finit if 90 percent or more of the occupants of the 50053 of the Health and Safety Code. The total formula of the ser, with respect to a single property or multiple applete this affidavit if you checked box C(3) in 214(g)(1)(C).	inancing or rec se property are I stal exemption a se properties, ma Section 3 of for	eive low-income hower income hous mount allowed un ny not exceed twe m BOE-267-L indi	ousing tax credi eholds whose re der Revenue and ty million dollars cating you are se	its, may qualify for nt does not exceed I Taxation Code sed s (\$20,000,000) in a	exemption up to a the rent prescribed ction 214(g)(1)(C) to ssessed value. You
Name of C	Organization			Co	orporate ID or LLC N	lumber
Address of	f Property (number and street)	1				7
City, Count	ty, Zip Code					
SECTION	2. HOUSEHOLD INFORMATION		_			
Section 25 an affidavi income, th	f Qualified Households 59.14 of the California Revenue and Taxation C it reporting the following information on the units ne maximum rent that can be charged to the ho sheets as necessary. Report information for each	s occu <mark>pie</mark> d by lov ousehold, and the	we <mark>r income</mark> ho <mark>us</mark> eh e <mark>ac</mark> tual rent. Use t	o <mark>ld</mark> s for which exe he table below to	emption <mark>is claimed: t</mark> provid <mark>e t</mark> he require	the actual household
	Address/Unit Number	No. of Per House		ncome R	ent That Can Be arged for the Unit	Actual Rent Charged to
						the Tenant
		人) L			the Tenant
						the Tenant
			>L			the Tenant
I certif	fy (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the State	RTIFICATION e of California that to	he foregoing and atte to the best of n	all information containy knowledge and be	ined herein, including
	fy (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the State	e of California that t	he foregoing and atte to the best of n	all information conta ny knowledge and be	ined herein, including
NAME OF	any accompanying statements or doc	laws of the State cuments, is true,	e of California that t correct, and comple	the foregoing and atte to the best of n	all information containy knowledge and be	ined herein, including elief.

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.

