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

This claim is filed for fiscal year 20

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

— 20

Kathy Scriven
Sutter County Assessor
1160 Civic Center Blvd., Suite D

Yuba City, CA 95993 Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

Assessor's Parcel/Assessment Number(s)

	• —					
This is a Supp	plemental Affidavit filed v	vith				
□В	3OE-267, Claim for Welfa	are Exemption (First Fil	ing)			
□В	BOE-267-A, Claim for We	elfare Exemption (Annu	al Filing)			
liability comportain limit in by Section 50 a taxpayer, w	of a claim, for low-incompany, that does not repersent or more of 50053 of the Health and with respect to a single ete this affidavit if your 14(g)(1)(C).	ceive government fin f the occupants of the Safety Code. The tota property or multiple	ancing or receive low property are lower in al exemption amount properties, may not e	v-income housing ta come households wh allowed under Reven xceed twenty million	x credits, may qualify nose rent does not excelue and Taxation Code dollars (\$20,000,000) in	for exemption up to a red the rent prescribed section 214(g)(1)(C) to n assessed value. You
SECTION 1.	IDENTIFICATION OF	APPLICANT AND ID	ENTIFICATION OF P	ROPERTY		4
Name of Orga	anization				Corporate ID or LL0	C Number

SECTION 2. HOUSEHOLD INFORMATION

Address of Property (number and street)

A. List of Qualified Households

City, County, Zip Code

Section 259.14 of the Revenue and Taxation Code provides that claims on "qualified property" as described in section 214.17 shall include an affidavit reporting the following information on the units occupied by lower income households for which exemption is claimed: the actual household income, the maximum rent that can be charged to the household, and the actual rent. Use the table below to provide the required information. Attach additional sheets as necessary. Report information for each unit that was reported in Section 4, part B of form BOE-267-L.

Address/Unit Number	No	o. of Persons in Household		Annual Household Income			Maximum Allowable Rent That Can Be Charged for the Unit	Charged to		

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

NAME OF CLAIMANT	TITLE	DATE		
SIGNATURE OF CLAIMANT	DAYTIME T	ELEPHONE	EMAIL ADDRESS	
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THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE



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.

