ELECTRONIC-BOE-267-L2 (P1) REV 00 (12-24)

PETER ALDANA, COUNTY OF RIVERSIDE ASSESSOR-COUNTY CLERK-RECORDER PO BOX 751, RIVERSIDE, CA 92502-0751 (951) 413-2757 www.rivcoacr.org

## 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 F	Filing)				
BOE-267-A, Claim for Welfare Exemption (Annual Filing)					
In the case of a claim, for low-income rental housing liability company, that does not receive government ficertain limit if 90 percent or more of the occupants of the by Section 50053 of the Health and Safety Code. The to a taxpayer, with respect to a single property or multiple must complete this affidavit if you checked box C(3) in of section 214(g)(1)(C).  SECTION 1. IDENTIFICATION OF APPLICANT AND I	inancing o e property tal exempt e propertie Section 3 o	r receive low are lower ind ion amount a s, may not ex of form BOE-	r-income housing tax of come households whos allowed under Revenue acced twenty million do 267-L indicating you ar	credits, may qualify for e rent does not exceed and Taxation Code se ollars (\$20,000,000) in a	r exemption up to a I the rent prescribed ction 214(g)(1)(C) to assessed value. You
Name of Organization				Corporate ID or LLC I	Number
Address of Property (number and street)					
City, County, Zip Code				Assessor's Parcel/Assessment Number(s)	
maximum rent that can be charged to the household, and t as necessary. Report information for each unit that was r	No. o			Maximum Allowable Rent That Can Be Charged for the Unit	Actual Rent Charged to the Tenant
I certify (or declare) under penalty of perjury under t accompanying statements or mate	the laws of terials, is true	CERTIFICATION OF COMMENTS OF CONTROL OF CONT	alifornia that the foregoir	ng, and all information h my knowledge and belie	erein, including any ef.
NAME OF CLAIMANT	ТІТ	LE		DATE	
SIGNATURE OF CLAIMANT	NATURE OF CLAIMANT		DAYTIME TELEPHONE		<u> </u>

# 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.