EF-267-L3-R03-0521-42000094-1

BOE-267-L3 (P1) REV 03 (05-21)

# WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSEHOLDS EXCEEDING LOW-INCOME LIMITS — "OVER-INCOME" TENANT DATA (140% AMI)



## 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 claim is filed for fiscal	year 20 <b>—</b> 20							
This is a Supplemental Affic	davit filed with							
☐ BOE-267, Clair	m for Welfare Exemption (First F	Filing)						
☐ BOE-267-A, CI	aim for Welfare Exemption (Anr	nual Filing)						
unit shall continue to be	r eligible for and receiving fe- treated as occupied by a low subsequent lien dates the ho	wer income	househ	old for	welfare exemption	purposes of Rev	enue and Taxati	
	ehold income is no more than lower income household on restricted.						ze,	
You must complete this <mark>a</mark> on a unit under the provi	ffidavit if you checked the box sions of Revenue and Taxatio	x in Section on Code sec	1 4.A2 of I ction 214(	BOE-26 g)(2)(A)	7-L or BOE-267-L1, (iii).	indicating that yo	u are seeking ex	remption
SECTION 1. IDENTIFICA	ATION OF APPLICANT AND I	IDENTIFIC	ATION O	F PROF	PERTY			
Name of Organization					Corporate ID	or LLC Number	TCAC Number	
Address of Property (numb	er and street)						•	
City, County, Zip Code	SV	Λ			Assessor's P	arcelA <mark>ss</mark> essment N	lumber(s)	
SECTION 2. HOUSEHOL	D INFORMATION		7 1					
A. List of Qualified Hou	useholds							
where the occupant initial income units under the pronger on BOE-267-L or BOE-20 exceed 140% AMI ("over-Address	)(iii) o <mark>f th</mark> e F er of reside ditional she No. o	i) o <mark>f th</mark> e Revenu <mark>e</mark> a of residential units		a <mark>tio</mark> n C <mark>od</mark> e. Provide	e information for ea exceeding lower Maximum Allow Rent That Can	ach unit that was income limits, bi able Actual Be Charg	included ut do not I Rent ged to	
						Charged for the	Unit the Te	enant
				71				
	der penalty of perjury under the ccompanying statements or doc			California	a that the foregoing			including
NAME OF CLAIMANT				TITLE		DATE		
SIGNATURE OF CLAIMANT			DAYTIME 1	    ELEPHON	IE	EMAIL ADDRES	 S	
•			( )					

# INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSEHOLDS EXCEEDING LOW-INCOME LIMITS — "OVER-INCOME" TENANT DATA (140% AMI)

This affidavit must be filed when seeking the welfare exemption on lower income rental housing property under the provisions of Revenue and Taxation Code sections 214(g)(2)(A)(iii) and 259.15. These provisions are only applicable to lower income rental housing properties eligible for and receiving federal low-income housing tax credits (LIHTC) pursuant to Internal Revenue Code Section 42 and owned and operated by a nonprofit organization, eligible limited liability company, or limited partnership with an eligible managing general partner. Under these provisions, the welfare exemption continues to be available where the occupant(s) of a unit originally met the lower income threshold on the lien date in the fiscal year in which the occupancy of the unit commenced, but the household income of the occupants increased in subsequent years above the lower income limits, as long as the income does not exceed 140 percent of area median income (AMI), adjusted for family size ("over-income" tenants), and the unit continues to be rent restricted.

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 as provided for in Revenue and Taxation Code section 270. A separate affidavit must be filed for each location upon which you are seeking exemption under the provisions of Revenue and Taxation Code section 214(g)(2)(A)(iii). If you indicated on supplemental affidavit BOE-267-L, Welfare Exemption Supplemental Affidavit, Housing – Lower Income Households, or BOE 267-L1, Welfare Exemption Supplemental Affidavit, Low-Income Housing Property Of Limited Partnership, that you are seeking exemption under this criteria, 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 259.15, the assessor shall keep this form confidential.

### **FISCAL YEAR**

The fiscal year for which an exemption is being sought must be entered correctly. The proper fiscal year would be the fiscal year that follows the lien date (12:01 a.m., January 1) for which the taxable or exempt status of the property is being determined. For example, a person filing a timely claim in February 2018 would enter fiscal year "2018-2019" on their claim form. However, an entry of "2017-2018" on a claim form 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, the corporate identification number or LLC number assigned by the California Secretary of State, and the Tax Credit Allocation Committee (TCAC) number assigned to the rental housing project. 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 households for which the organization is seeking exemption under the provisions of Revenue and Taxation Code section 214(g)(2)(A)(iii), as indicated upon checking the box in Section 4.A2 on BOE-267-L or BOE 267-L1. This listing shall be those units included in the number of residential units occupied by households exceeding lower income limits but do not exceed 140% AMI shown in Section 4.C2 on BOE-267-L or BOE 267-L1.

