EF-267-L3-R03-0521-45000090-1

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

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



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Intra_County toll free: 1(800)479-8009

his claim is filed for fisca	ıl year 20	— 20	_								
his is a Supplemental Af	fidavit filed with										
☐ BOE-267, Cla	aim for Welfare E	xemption (First Filing)							
☐ BOE-267-A, (Claim for Welfare	Exemption	n (Annual I	Filing)							
n the case of a proper unit shall continue to b section 214(g), even if o	e treated as oc	cupied by	a lower i	ncome house	hold fo	or welfa	re exemption	purp	oses of Rev	enue a	
 the occupants' hous the occupants were the unit remains ren 	a lower income								for family s	ize,	
ou must complete this on a unit under the prov							r BOE-267-L1,	indic	ating that ye	ou are s	eeking exemption
SECTION 1. IDENTIFIC	CATION OF APP	PLICANT A	AND IDEN	ITIFICATION	OF PR	OPERT	Υ				
Name of Organization							Corporate ID	or LL	C Number	TCAC	Number
Address of Property (num	nber and street)										 I
City, County, Zip Code							Assessor's Pa	arcelA	ssessment I	Number	(s)
SECTION 2. HOUSEHO		TION	1/	VI	1						
pe accompanied by an where the occupant init ncome units under the pon BOE-267-L or BOE-exceed 140% AMI ("ove	ially m <mark>et</mark> the indorovisi <mark>on</mark> of secti 267-L1 in Secti	come limitation 214(g) on 4.C2 (N	ation and (2)(A)(iii) o lumber of	th <mark>e unit contin</mark> of the Revenue residential un	ues to and T its occ	be rentaxation tupied b	t r <mark>es</mark> tricted, as Code. Provide	s t <mark>he</mark> y e infor	may c <mark>on</mark> tin matio <mark>n f</mark> or e	ue to b ach uni	e treated as lower t that was included
Address/Unit Number				No. of Person Househol	ns in		Il Household Income	Maximum Allov Rent That Car Charged for the		Be C	Actual Rent Charged to the Tenant
						F					
I certify (or declare) u	inder penalty of p	perjury unde	er the laws	CERT s of the State of	Califo	rnia that	the foregoing	and al	information	contain	ed herein, including
NAME OF CLAIMANT					ue, correct, and complete to the best of my knowledge a						DATE
	GNATURE OF CLAIMANT					DAYTIME TELEPHONE					
SIGNATURE OF CLAIMANT				DAYTIME	TELEPH	IONE			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.

