EF-267-L3-R03-0521-33000073-1

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

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



Peter Aldana Assessor-County Clerk-Recorder

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| OVER-INCOME TENANT | DATA (140 / AIVII) | ON IA CI | www.riv | versideacr.com | | |
|--|---|--|---|--|---|--|
| This claim is filed for fiscal year 20 _ | - 20 | | | | | |
| Γhis is a Supplemental Affidavit filed | I with | | | | | |
| | Ifare Exemption (First Filing | g) | | | | |
| ☐ BOE-267-A, Claim for V | Velfare Exemption (Annual | Filing) | | | | |
| In the case of a property eligible unit shall continue to be treated section 214(g), even if on subseq | as occupied by a lower | income household | for welfare exemption | purposes of Reve | enue and Taxation Code | |
| (1) the occupants' household inc(2) the occupants were a lower in(3) the unit remains rent-restricted | ncome household on the | | | | ze, | |
| You must complete this affidavit i on a unit under the provisions of | | | | indicating that yo | u are seeking exemption | |
| SECTION 1. IDENTIFICATION O | F APPLICANT AND IDE | NTIFICATION OF P | ROPERTY | | | |
| Name of Organization | | | Corporate ID | ID or LLC Number TCAC Number | | |
| Address of Property (number and st | reet) | | I | | | |
| City, County, Zip Code | | | Assessor's P | Assessor's ParcelAssessment Number(s) | | |
| SECTION 2. HOUSEHOLD INFO | RMATION | | | | | |
| A. List of Qualified Household | \$ | | | | | |
| on units occupied by households be accompanied by an affidavit the where the occupant initially metal income units under the provision on BOE-267-L or BOE-267-L1 in exceed 140% AMI ("over-income" | hat reports specific informulation and of section 214(g)(2)(A)(iii) Section 4.C2 (Number of the control of the | mation. Use the tab I the unit continues of the Revenue and of residential units o | e below to provide the o be rent restricted, as Taxation Code. Provide ccupied by households | e required informates they may continue information for ea | tion, listing all such units ue to be treated as lower ach unit that was included | |
| Address/Unit N | lumber | No. of Persons in Household | Annual Household Income | Maximum Allowa Rent That Can Charged for the | Be Charged to | |
| | | | | | | |
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| I certify (or declare) under pena any accompar | lty of perjury under the law | CERTIFICATION OF THE STATE OF CALIFICATION OF THE STATE OF CALIFICATION OF THE STATE OF THE STAT | - | and all information of t of my knowledge a | contained herein, including and belief. | |
| NAME OF CLAIMANT | | | LE | | DATE | |
| SIGNATURE OF CLAIMANT | | DAYTIME TELE | PHONE | EMAIL ADDRESS | | |

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.

