EF-267-L3-R00-1217-01000681-1 BOE-267-L3 (P1) (12-17)

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



COUNTY OF ALAMEDA PHONG LA, ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 Fax (510) 272-3803 www.acgov.org/assessor

OVER-INCOME	ILIMAIII	DA IA (140 / AIVII	')						
This claim is filed for fi	scal year 20 _	 20							
	Claim for Welf	with fare Exemption (First F /elfare Exemption (Anr	0,						
unit shall continue to	be treated a		wer income	househ	old for	welfare exemption	purposes of Reveni	ue Code Section 42, a ue and Taxation Code at:	
	ere a lower in	ome is no more than come household on d.						,	
		f you checked the box Revenue and Taxatio					indicating that you a	are seeking exemptior	
SECTION 1. IDENTIF	ICATION OF	F APPLICANT AND I	IDENTIFICA	ATION O	F PROF	PERTY			
Name of Organization Corp							Corporate ID or LLC	rporate ID or LLC Number	
Address of Property (n	umber and str	reet)							
City, County, Zip Code									
SECTION 2. HOUSE	HOLD INFOR	RMATION							
A. List of Qualified	Households	;							
ncome units under the BOE-267-L or BC exceed 140% AMI ("o	e provision of E-267-L1 in	f section 214(g)(2)(A) Section 4.C2 (Numbor tenants)). Attach add)(iii) of the Fer of reside ditional she	Revenue a ential unit	and Tax s occup cessary. s in A	ation Code. Provide ied by households	e information for each		
							J. La god		
		Ity of perjury under the ying statements or doc			California	a that the foregoing		ntained herein, includin	
NAME OF CLAIMANT	ny accompany	Thing state member to doc	Juniento, io t	.ue, come	TITLE	complete to the best	or my knowledge and	DATE	
SIGNATURE OF CLAIMAN	SIGNATURE OF CLAIMANT			DAYTIME 1	ME TELEPHONE EMAIL ADDRESS				

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE



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 Property

Identify the name of the organization seeking exemption on the low-income housing property, and the corporate identification number or LLC number assigned by the California Secretary of State. Identify the location of the low-income housing property and the county in which the property is located.

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.

