EF-267-L3-R03-0521-05000216-1 BOE-267-L3 (P1) REV 03 (05-21)

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



### Larie Durham Calaveras County Assessor

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OVER-INCOME	IEMANI	DAIA (14	O /o AIVII)				•		
his claim is filed for fis	scal year 20 _	<b>_</b> 20							
his is a Supplemental	Affidavit filed	with							
☐ BOE-267,	Claim for Wel	fare Exemp	tion (First Filing)						
☐ BOE-267-A	A, Claim for W	√elfare Exen	nption (Annual Filinຸ	g)					
n the case of a prop nit shall continue to ection 214(g), even i	be treated	as occupie	d by a lower inco	me household	l for welfa	re exemption	purposes of Rev	enue ai	
the occupants' ho the occupants we the unit remains r	re a lower in	ncome hous						ize,	
ou must complete the na unit under the p						· BOE-267-L1,	indicating that yo	ou are s	eeking exemptio
ECTION 1. IDENTIF	ICATION O	F APPLICA	NT AND IDENTIF	ICATION OF I	PROPERT	Y			
Name of Organization						Corporate ID or LLC Number TO		TCAC	Number
ddress of Property (n	umber and st	reet)							
ity, County, Zip Code						Assessor's ParcelAssessment Number(s)			
ncome rental housing on units occupied by the accompanied by a where the occupant in ncome units under the on BOE-267-L or BO exceed 140% AMI ("c	households an affidavit th nitially met the provision of E-267-L1 in	whose inco hat reports he income of section 21 Section 4.0	mes rise above the specific information limitation and the 4(g)(2)(A)(iii) of the C2 (Number of res	e lower income on. Use the tal unit continues e Revenue and idential units d	e limit but on the ble below to be rented to be rented Taxation becoupied be	do not exceed to provide the restricted, as Code. Provide	140 percent of a required informa they may contin information for e	rea med ation, lis ue to be ach unit	lium income, sha ting all such uni e treated as lowe that was include
Ad	dress/Unit N	lumber	No	. of Persons ir Household		l Household Income	Maximum Allow Rent That Can Charged for the	Ве	Actual Rent Charged to the Tenant
l certify (or declare	) under pena nv accompan	lty of perjury	under the laws of tents or documents,	CERTIFIC he State of Cal is true. correct.	lifornia that	the foregoing a	and all information	containe	ed herein, includi ef.
NAME OF CLAIMANT	., accompan				ITLE		, momougo		ATE
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# 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.

