EF-267-L3-R03-0521-27000172-1

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

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



Xochitl Marina Camacho Monterey County Assessor

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OVER-INCOME	IENANI DA	IA (140 / AIVII)	•	000	assess	or@co.monterey.ca	a.us	
This claim is filed for fise	cal year 20	_ — 20						
This is a Supplemental	Affidavit filed with	h						
		Exemption (First Filing)						
□ BOE-267-A	, Claim for Welfa	are Exemption (Annual F	iling)					
unit shall continue to	be treated as	and receiving federal occupied by a lower in t lien dates the househ	ncome househo	ld for welfa	re exemption	purposes of Rev	enue ar	
	e a lower incor	e is no more than 140 p ne household on the lie					ize,	
		u checked the box in Serenue and Taxation Cod			r BOE-267-L1,	indicating that yo	ou are se	eking exemption
SECTION 1. IDENTIF	ICATION OF A	PPLICANT AND IDEN	TIFICATION OF	PROPERT	Υ			
Name of Organization					Corporate ID	or LLC Number	TCAC	Number
Address of Property (nu	mber and street)						
City, County, Zip Code					Assessor's P	ParcelAssessment Number(s)		
SECTION 2. HOUSEH	IOI D INFORM	ΔΤΙΟΝ						
A. List of Qualified I								
be accompanied by a where the occupant in income units under the on BOE-267-L or BOE	n affidavit that nitially met the i e provision of se E-267-L1 in Seo	ose incomes rise above reports specific information and the tion 214(g)(2)(A)(iii) option 4.C2 (Number of leants)). Attach additional	ation. Use the the the unit continuent for the Revenue are idential units	able below es to be ren nd Taxation s occupied b	to provide the t restricted, as Code. Provide	required informates they may conting information for e	ition, list ue to be ach unit	ting all such units e treated as lower that was included
Ado	Address/Unit Number		No. of Persons in Household		al Household Income	Maximum Allow Rent That Can Charged for the	Ве	Actual Rent Charged to the Tenant
I certify (or declare) an	under penalty o y accompanying	of perjury under the laws or statements or documen		ICATION alifornia that ct, and comp	the foregoing lete to the besi	and all information of my knowledge	containe and belie	ed herein, including ef.
NAME OF CLAIMANT				TITLE			D	ATE
SIGNATURE OF CLAIMAN	IT		DAYTIME T	DAYTIME TELEPHONE		EMAIL ADDRES	s L	

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.

