EF-267-L3-R02-0519-33000444-1 BOE-267-L3 (P1) REV 02 (05-19)

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



Peter Aldana Assessor-County Clerk-Recorder

DATE

EMAIL ADDRESS

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 413-2890

nis claim is filed for fiscal year 20 — 20				
,				
nis is a Supplemental Affidavit filed with				
BOE-267, Claim for Welfare Exemption (First Fili	ing)			
BOE-267-A, Claim for Welfare Exemption (Annual	al Filing)			
the case of a property eligible for and receiving fedenit shall continue to be treated as occupied by a lower ection 214(g), even if on subsequent lien dates the hou	er income household f	or welfare exemption	purposes of Reve	nue and Taxation Co
) the occupants' household income is no more than 14) the occupants were a lower income household on th) the unit remains rent-restricted.				ze,
ou must complete this affidavit if you checked the box in a unit under the provisions of Revenue and Taxation			indicating that you	u are seeking exempt
ECTION 1. IDENTIFICATION OF APPLICANT AND ID	ENTIFICATION OF PR	OPERTY		
ame of Organization		Corporate ID	or LLC Number	TCAC Number
ddress of Property (number and street)				
ty, County, Zip Code				
n units occupied by households whose incomes rise ab- e accompanied by an affidavit that reports specific info here the occupant initially met the income limitation ar come units under the provision of section 214(g)(2)(A)(ii n BOE-267-L or BOE-267-L1 in Section 4.C2 (Number sceed 140% AMI ("over-income" tenants)). Attach additi	ormation. Use the table and the unit continues to i) of the Revenue and T of residential units occ	below to provide the be rent restricted, as	required informat they may continu	ea medium income. sl
toeed 140 % Aivii (Over-income teriants)). Attach addit	ional endate it nacaees	cupied by households		ion, listing all such un e to be treated as low ch unit that was includ
Address/Unit Number	No. of Persons in Household	cupied by households		ion, listing all such under to be treated as lowed the control of
Address/Unit Number	No. of Persons in	cupied by households ary. Annual Household	Maximum Allowa Rent That Can E	ion, listing all such under to be treated as lowed the control of
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TITLE

DAYTIME TELEPHONE

NAME OF CLAIMANT

SIGNATURE OF CLAIMANT

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, 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 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.

