EF-267-L3-R04-0524-02000060-1 BOE-267-L3 (P1) REV 04 (05-24)

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



### David Peets Alpine County Assessor/Recorder

50 Diamond Valley Rd. P.O. Box 155 Markleeville, CA 9612

OVER-INCOME TEMANT DATA (14	U /0 AIVII)				
his claim is filed for fiscal year 20 — 20					
his is a Supplemental Affidavit filed with					
☐ BOE-267, Claim for Welfare Exemp	tion (First Filing)				
☐ BOE-267-A, Claim for Welfare Exem	nption (Annual Fil	ing)			
n the case of a property eligible for and rece 12 or in the case of an owner of pro- ncome household, subject to a contract to occupied by a lower income household for subsequent lien dates the household income	perty that is a hat complies w or welfare exer	a community vith the requir nption purpo	land trust (CLT) rements of Section asses of Revenue an	and whose property 402.1, a unit shall co d Taxation Code sec	is leased to a lower ontinue to be treated as
the occupants' household income is no n     the occupants were a lower income hous     the unit remains rent-restricted.	•		, ,		ize,
You must complete this affid <mark>av</mark> it if you <mark>ch</mark> ecken on a unit under the provisio <mark>ns</mark> of Rev <mark>enue ar</mark>				7-L1, indicating that yo	u are seeking exemption
SECTION 1. IDENTIFICATION OF APPLICA	NT AND IDENT	IFICATION O	PROPERTY		
Name of Organization			Corpora	te ID or LLC Number	TCAC Number
Address of Property (number and street)					
City, County, Zip Code	$\dashv$		Assesso	r's Parcel <mark>/A</mark> ssessment	Num <mark>b</mark> er(s)
SECTION 2. HOUSEHOLD INFORMATION					
welfare exemption on a lower income rental ower income household, where the claiman imit but do not exceed 140 percent of area notelow to provide the required information, listing the restricted, as they may continue to be trained Taxation Code. Provide information for example occupied by households exceeding low	It seeks exempt nedium income, ng all such units eated as lower ach unit that was	ion on units of shall be accord where the oc income units us included on	ccupied by household mpanied by an affidat cupant initially met th under the provision of BOE-267-L or BOE-	ds who <mark>se</mark> incom <mark>es</mark> rise vit that reports specific e income limitation an f section 214(g)(2)(A)( 267-L1 in Section 4.0	e above the lower income information. Use the table d the unit continues to be iii) or (iv) of the Revenue 2 (Number of residential
fnecessary.				"	·
Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Un	Charged to	Percentage of AMI From Which Maximum Rent Charged is Derived
		05577	IO A TION		
I certify (or declare) under penalty of perjury any accompanying stateme	under the laws o	f the State of C	ICATION Salifornia that the foregot, and complete to the	oing and all information best of my knowledge	contained herein, including and belief.
NAME OF CLAIMANT			TITLE	· · · · · ·	DATE
IGNATURE OF CLAIMANT		DAYTIME T	ELEPHONE	EMAIL ADDRES	S

# 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) or (iv) 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 or an owner of property that is a community land trust (CLT) and whose property is leased to a lower income household, subject to a contract that complies with the requirements of Section 402.1 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) or (iv). 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) or (iv), 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.

