EF-267-L3-R04-0524-06000052-1 BOE-267-L3 (P1) REV 04 (05-24)

## WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSEHOLDS EXCEEDING LOW-INCOME LIMITS



### **Bob Buckner Colusa County Assessor**

547 Market St., Suite 101 Colusa, CA 95932 (530) 458-0450

| "OVER-INCOME" TENANT DATA (14  | 0% AMI)  |  |  |   |   |
|--|--|--|--|---|---|
| This claim is filed for fiscal year 20 — 20  |  |  |  |   |   |
| This 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)   |  |   |   |
| In the case of a property eligible for and rece<br>42 or in the case of an owner of pro-<br>income household, subject to a contract t<br>occupied by a lower income household for<br>subsequent lien dates the household income  | perty that is a<br>hat complies w<br>or welfare exer   | a community<br>ith the requi<br>nption purpo   | land trust (CLT)<br>rements of Section<br>ses of Revenue a   | and whose property<br>n 402.1, a unit shall co<br>and Taxation Code se  | is leased to a lower ontinue to be treated as   |
| <ul> <li>(1) the occupants' household income is no n</li> <li>(2) the occupants were a lower income hous</li> <li>(3) the unit remains rent-restricted.</li> </ul>   |  |  |  |   | ize,  |
| You must complete this affid <mark>av</mark> it if you checked on a unit under the provisions of Revenue are   |  |  |  | 67-L1, indicating that ye   | ou are seeking exemption  |
| SECTION 1. IDENTIFICATION OF APPLICA   | NT AND IDENT   | IFICATION O  | F PROPERTY   |   |   |
| Name of Organization   |  |  | Corpo  | rate ID or LLC Number   | TCAC Number   |
| Address of Property (number and street)  | 1  |  |  |   |   |
| City, County, Zip Code   |  |  | Asses  | sor's Parcel <mark>/A</mark> ssessment  | Number(s)   |
| SECTION 2. HOUSEHOLD INFORMATION   |  |  |  |   |   |
| A. List of Qualified Households  |  |  |  |   |   |
| Section 259.15 of the Revenue and Taxatio lower income rental housing property that is welfare exemption on a lower income rental lower income household, where the claiman limit but do not exceed 140 percent of area in below to provide the required information, listing rent restricted, as they may continue to be the and Taxation Code. Provide information for each units occupied by households exceeding low if necessary. | eligible for and housing prope t seeks exempt nedium income, ng all such units eated as lower iach unit that was | has received<br>rty in which to<br>ion on units of<br>shall be accoord<br>where the oc<br>income units<br>is included on | federal LIHTC and he owner of prope occupied by househ mpanied by an affid occupant initially met under the provision BOE-267-L or BOI | I for fiscal year 2022-23<br>rty is a CLT and whos<br>olds whose incomes rise<br>avit that reports specific<br>the income limitation ar<br>of section 214(g)(2)(A)<br>E-267-L1 in Section 4.0 | 3 to 2027-28, the claim for<br>e property is leased to a<br>e above the lower income<br>information. Use the table<br>d the unit continues to be<br>(iii) or (iv) of the Revenue<br>C2 (Number of residential |
| Address/Unit Number  | No. of<br>Persons in<br>Household  | Annual<br>Household<br>Income  | Maxi <mark>mum Allowa</mark><br>Rent That Can E<br>Charged for the U   | Se Charged to   | Percentage of AMI<br>From Which<br>Maximum Rent<br>Charged is Derived   |
|  |  |  |  |   |   |
|  |  |  |  |   |   |
|  |  |  |  |   |   |
|  |  |  |  |   |   |
| I certify (or declare) under penalty of perjury any accompanying stateme   | under the laws o   | f the State of C   | CICATION California that the fore  | egoing and all information<br>he best of my knowledge   | contained herein, including and belief.   |
| NAME OF CLAIMANT   |  |  | TITLE  | <u> </u>  | DATE  |
| SIGNATURE OF CLAIMANT  |  | DAYTIME T  | DAYTIME TELEPHONE EMAIL ADDRESS  |   |   |

# 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.

