EF-267-L-R19-1218-30000269-1 BOE-267-L (P1) REV. 19 (12-18)

# WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING - LOWER INCOME HOUSEHOLDS

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**Claude Parrish Orange County Assessor** 

Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779 www.ocgov.com/assessor

| 110001110 — EOWER INCOME 11000E110ED0                    |  |
|----------------------------------------------------------|--|
| This claim is filed for fiscal year 20 — 20              |  |
| This is a Supplemental Affidavit filed with              |  |
| ☐ BOE-267, Claim for Welfare Exemption (First Filing)    |  |
| ☐ BOE-267-A, Claim for Welfare Exemption (Annual Filing) |  |

| nis is a Supp                             | iemental Affidavit filed with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | g                                                                                                                                                                                                                  |
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| ☐ BOE                                     | E-267, Claim for Welfare Ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | emption (First Filing)                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                    |
| <br>BOF                                   | E-267-A, Claim for Welfare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Exemption (Annual Fil                                                        | ing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                                                                                                                                                                    |
| SECTION 1.                                | IDENTIFICATION OF AP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PLICANT                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                    |
| Name of Orga                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | Corporate ID or LLC Number                                                                                                                                                                                         |
| Mailing Addres                            | ss (number and street)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                    |
| City, State, Zip                          | p Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                    |
| SECTION 2.                                | IDENTIFICATION OF PR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OPERTY                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | _                                                                                                                                                                                                                  |
| Address of pro                            | operty (number and street)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                                                                                                                                                                    |
| City, County, Z                           | Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | Date Property Acquired                                                                                                                                                                                             |
| SECTION 3.                                | GOVERNMENT FINANC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ING OR TAX CREDI                                                             | TS; USE RESTRICTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                            |                                                                                                                                                                                                                    |
| As to the low-i                           | income housing property fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | r which this claim is ma                                                     | ade, the applicant certifies th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nat (check all appli                                                                       | cable boxes):                                                                                                                                                                                                      |
| by th<br>house<br>("ove<br>Code<br>If you | te terms of the financing of<br>ehold if the occupants were<br>er-income" tenants), the uni-<br>e section 214(g)(2)(A)(iii).<br>u are filing this supplementa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | financial assistance.<br>qualified when their occ<br>is rent restricted, and | For property tax exemption cupancy began, as long as the property receives federates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | n purpo <mark>se</mark> s, a unit<br>ne hou <mark>sehold incor</mark><br>al low-income hou | is, rents that do not exceed those prescribed is considered occupied by a lower income is not above 140% of area median income sing tax credits. See Revenue and Taxation agreement, recorded deed restriction, or |
| B. The fu                                 | r legal document.  unds which would have bee nits occupied by lower inconstant one of the following crite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | me households.                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ntain the affordabil                                                                       | lity of, reduce rents otherwise necessary for                                                                                                                                                                      |
| <u> </u>                                  | The acquisition, construction tax-exempt mortgage regularization by the federal guaranteed by th | on, rehabilitation, deve<br>evenue bonds; genera<br>government; or project-  | elopment, or operation of the longitude | ate, or federal loa<br>er section 8 of the h                                               | nced with government financing in the forn<br>ins or grants; or any loan insured, held, o<br>Housing Act of 1937. (The term "governmen<br>er section 8 of the Housing Act of 1937.)                                |
| ☐ (2)                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | e and Taxation Code sections 12205, 12206<br>ection 42 of the Internal Revenue Code.                                                                                                                               |
|                                           | section 50053 of the Health to a taxpayer, with respe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n and Safety Code. The<br>ct to a single property                            | e total exemption amount all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | owed under Reve<br>any fiscal year o                                                       | e rents do not exceed the rent prescribed by<br>nue and Taxation Code section 214(g)(1)(Con<br>the sole basis of the application of the                                                                            |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Household - Tenant Da                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | Velfare Exemption Supplemental Affidavit<br>tion claim forms and supplemental affidavi                                                                                                                             |

# **SECTION 4. HOUSEHOLD INFORMATION**

# A1. Eligibility Based on Family Household Income - Lower Income Households

Section 214(g) of the California Revenue and Taxation Code provides that property owned by a nonprofit organization or eligible limited liability company providing housing for lower income households can qualify for the welfare exemption from property taxes to the extent that the income of the households residing therein do not exceed amounts listed below: (See Section 4.A2 for income limit exception)

| NO. OF PERSONS<br>IN HOUSEHOLD | MAXIMUM<br>INCOME |
|--------------------------------|-------------------|--------------------------------|-------------------|--------------------------------|-------------------|--------------------------------|-------------------|
| 1                              | \$61,250          | 3                              | \$78,750          | 5                              | \$94,450          | 7                              | \$108,450         |
| 2                              | \$70,000          | 4                              | \$87,450          | 6                              | \$101,450         | 8                              | \$115,450         |



### A2. Eligibility Based on Family Household Income - 140% of Area Median Income (AMI)

Section 214(g)(2)(A)(iii) of the Revenue and Taxation Code provides that under certain circumstances, property eligible for and receives federal low income housing tax credits (LIHTC) pursuant to Section 42 of the Internal Revenue Code can qualify for the welfare exemption from property taxes to the that the income of the households residing therein do not exceed amounts listed below:

If you have units meeting the criteria in A2, that do not meet the criteria of A1 upon which you seek exemption, check here to confirm the property has federal LIHTC and submit BOE-267-L3, Welfare Exemption Supplemental Affidavit, Households Exceeding Low-Income Limits - "Over-Income" Tenant Data (140% AMI). BOE-267-L3 is confidential.

| NO. OF PERSONS<br>IN HOUSEHOLD | 140% AMI  |
|--------------------------------|-----------|--------------------------------|-----------|--------------------------------|-----------|--------------------------------|-----------|
| 1                              | \$90,860  | 3                              | \$116,830 | 5                              | \$140,140 | 7                              | \$160,930 |
| 2                              | \$103,810 | 4                              | \$129,780 | 6                              | \$150,570 | 8                              | \$171,290 |

**Note:** If a dollar amount is not entered for each number of persons, contact the County Assessor for the figures. The amounts are different for each county and change annually. In order to qualify all or a portion of the property for the exemption, you must have: (1) a signed statement for each household that qualifies (you should keep the statement for future audits) and (2) you must complete parts 4B, 4C, and Section 5 below.

#### **B.** List of Qualified Households

Attach a list showing desired information for only those households that qualify. Identify which units qualify under the 140% AMI criteria indicated in Section 4.A2. Also, please identify the vacant units reserved for low-income households. Provide the following information: address/unit number, number of persons in household, maximum income for household.

#### C. Number of Units Serving Lower Income Households

Note: Under section 214(g), the exemption percentage is the total number of "units serving lower income households" divided by the total number of residential units. This percentage is applied to the entire property including "related facilities".

1. Number of residential units designated for use by or serving lower income households - lower income limits.

2. Number of residential units occupied by households exceeding lower income limits but do not exceed 140% AMI ("over-income" tenants), as reported on BOE-267-L3.

3. Total number of qualified households (C1 + C2)

| 4. Total number of residential units in property. |             |         |       |        |      |         |         | 100      |       |               |             |  |          |  |
|---------------------------------------------------|-------------|---------|-------|--------|------|---------|---------|----------|-------|---------------|-------------|--|----------|--|
| 5. Percentage which the numbe                     | r of "units | serving | lower | income | hous | eholds" | is of t | he total | numbe | er of residen | tial units. |  | 90%      |  |
| (C3 / C4 above)                                   |             |         |       |        |      |         | M       |          |       |               |             |  | (90/100) |  |
|                                                   |             |         |       |        |      |         |         |          |       |               |             |  |          |  |

#### **SECTION 5. Property Use**

# Application of Limitation on Exemption to \$20,000,000 of assessed value [Revenue & Taxation Code section 214(g)(1)(C)]

This limitation on the amount of the exemption applies solely to low-income housing properties owned by nonprofit organizations or eligible limited liability companies that are not financed by government loans, as specified in section 214(g)(1)(A) or do not receive low-income housing tax credits, as provided in section 214(g)(1)(B). Claimants with properties qualifying for exemption under 214(g)(1)(C) must list all the counties in which such properties are located. Use additional sheets if necessary.

#### LIST ALL LOW-INCOME PROPERTIES SUBJECT TO \$20,000,000 OF ASSESSED VALUE EXEMPTION

| COUNTY | APN | PROPERTY STREET ADDRESS | CITY / ZIP CODE | AMOUNT OF<br>\$20,000,000<br>ASSESSED VALUE<br>EXEMPTION TO BE<br>APPLIED |
|--------|-----|-------------------------|-----------------|---------------------------------------------------------------------------|
|        |     |                         |                 |                                                                           |
|        |     |                         |                 |                                                                           |
|        |     |                         |                 |                                                                           |

## **CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

|           |                | DATE                    |
|-----------|----------------|-------------------------|
|           |                |                         |
| TELEPHONE | EMAIL ADDRESS  |                         |
| )         |                |                         |
| )         | <br> FELEPHONE | FELEPHONE EMAIL ADDRESS |



# INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER INCOME HOUSEHOLDS

### **FILING OF AFFIDAVIT**

This affidavit is required under the provisions of sections 214(g), 214.15, 251, and 254.5 of the Revenue and Taxation Code and must be filed when seeking exemption on low-income housing property owned and operated by a nonprofit corporation or eligible limited liability company. A separate affidavit must be filed for each location and the income of the occupants must not exceed certain limits (see section 4 of this form). This affidavit supplements the claim for Welfare Exemption and must be filed with the county assessor by February 15 to avoid a late filing penalty under section 270. If the property for which exemption is sought is used for low-income rental housing and is owned by a nonprofit corporation or eligible limited liability company, you must complete and file this form; failure to do so will result in denial of the exemption. If the low-income rental housing is owned by a limited partnership, do not complete this supplemental affidavit form; use BOE-267-L1, Welfare Exemption Supplemental Affidavit, Low – Income Housing Property of Limited Partnership. The claimant should provide each household living on the property with a copy of BOE-267-L-A, Lower Income Households – Family Household Income Reporting Worksheet.

The organization claiming the exemption keeps the completed, signed statements received from households in case of further audit. Do not submit the worksheets with your filing.

### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2018 would enter "2018-2019" on line four of the claim; a "2017-2018" entry on a claim filed in February 2018 would signify that a late claim was being filed for the preceding fiscal year.

# SECTION 1. Identification of Applicant

Identify the name of the organization seeking exemption on the low-income housing property, corporate identification number or LLC number, and mailing address.

# **SECTION 2. Identification of Property**

Identify the location of the low-income housing property, county in which the property is located, and the date the property was acquired by the organization.

# SECTION 3. Government Financing or Tax Credits; Use Restriction

Check all applicable boxes to certify if: (1) the property use is restricted to low-income housing by a recorded regulatory agreement or recorded deed restriction or other legal document, and (2) the funds that would have been necessary to pay property taxes are used to maintain the affordability of the housing or to reduce the rents for the units occupied by lower income households, and (3) the property receives government financing, or state/federal low-income housing tax credits, or 90 percent or more of the occupants of the property are lower income households whose rent does not exceed the rent prescribed by section 50053 of the Health and Safety Code. If the property does not have government financing or low-income housing tax credits and item C(3) in Section 3 of this supplemental affidavit form is checked, then claimant must also submit BOE-267-L2, Welfare Exemption Supplemental Affidavit, Housing – Lower Income Households – Tenant Data.



# INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER INCOME HOUSEHOLDS

# **SECTION 4B. List of Qualified Households**

Include a list of all of households that qualify for exemption based on the maximum income level for the county for the claim year where the property is located (see dollar amounts in Sections 4.A1 and 4.A2). Additionally, claimant must submit BOE-267-L3 to include a list of households that qualify for exemption under the 140% AMI criteria indicated in Section 4.A2. Also, please list vacant units held for low-income housing tenants.

#### **SECTION 4C**

Revenue and Taxation Code section 214(g)(1) states rental housing and "related facilities" are entitled to a partial exemption equal to that percentage of the value of the property that is equal to the percentage that the number of units serving lower income households represents of the total number of residential units. The percentage determined shall apply to the total value of both improvements and land. Identify the number of units designated for use by or serving lower income households and the total number of residential units for the property.

# Units Serving Lower Income Households

"Units serving lower income households" shall mean units that are occupied by lower income households at an affordable rent, as defined in section 50053 of the Health and Safety Code or, to the extent that the terms of federal, state, or local financing or financial assistance conflicts with section 50053, rents that do not exceed those prescribed by the terms of the financing or financial assistance. Effective October 13, 2017, pursuant to Revenue and Taxation Code section 214(g)(2)(A)(iii), a unit in a property that receives federal low income housing tax credits shall continue to be treated as occupied by a lower income household if the occupants were lower income households on the lien date in the fiscal year in which their occupancy of the unit commenced and the unit continues to be rent restricted, notwithstanding an increase in the income of the occupants of the unit to 140 percent of area median income (AMI), adjusted for family size ("over-income" tenants). Units reserved for lower income households at an affordable rent that are temporarily vacant due to tenant turnover or repairs shall be counted as occupied.

# **Related Facilities**

Revenue and Taxation Code section 214(g)(3)(B) states "related facilities" means any manager's units and any and all common area spaces that are included within the physical boundaries of the rental housing development, including, but not limited to, common area space, walkways, balconies, patios, clubhouse space, meeting rooms, laundry facilities, and parking areas, except any portions of the overall development that are nonexempt commercial space.

# **SECTION 5**

This section requests information on any commercial space. If applicable, briefly describe the commercial space (i.e., multi-story building with residential use on floors 2-5 and retail space on ground floor) and use.

# **SECTION 6**

This section requests identification of all low-income housing properties in California where the sole basis of exemption claimed is under the provisions of Revenue and Taxation Code section 214(g)(1)(C). If you checked item 3(C) in Section 3 on any supplemental affidavit form BOE-267-L filed with an assessor in California, you must list such properties.

