EF-267-L-R15-1016-43000475-1 BOE-267-L (P1) REV. 15 (10-16)

# WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER INCOME HOUSEHOLDS



Santa Clara County Assessor Exemption Division

Lawrence E. Stone

Presemption Division 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org www.sccassessor.org

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)

☐ BOE-267, Claim for Welfare Ex	cemption (First Filing)	
☐ BOE-267-A, Claim for Welfare	Exemption (Annual Filing)	
SECTION 1. IDENTIFICATION OF AP	PLICANT	
Name of Organization		Corporate ID or LLC Number
Mailing Address (number and street)		
City, State, Zip Code		
Organizational Clearance Certificate (OC an OCC, have you filed a claim for an OC Yes No  If No, see instructions for information on SECTION 2. IDENTIFICATION OF PR	obtaining an OCC claim form.	of certificate with this claim if first filling). If you do not have
Address of property (number and street)		Data Prayacty Ashrived
City, County, Zip Code		Date Property Acquired
SECTION 3. GOVERNMENT FINANC	ING OR TAX CREDITS; USE RESTRICTION	
As to the low-income hou <mark>sin</mark> g proper <mark>ty f</mark> o	r which this <mark>cla</mark> im i <mark>s made, the applicant certifies that (</mark>	(ch <mark>ec</mark> k all applica <mark>ble</mark> boxes):
project's usage and that provides income households at rents that federal, state, or local financing of financing or financial assistance or a copy of an other legal documents.	s that the units designated for use by lower income hou do not exceed those prescribed by section 50053 of the or financial assistance conflicts with section 50053, ren Please provide a copy of the regulatory agreement with ment if you are filing a claim on this property for the first necessary to pay property taxes are used to maintain	deed restriction, or other legal document, that restricts the iseholds are continuously available to or occupied by lower to Health and Safety Code, or, to the extent that the terms of this that do not exceed those prescribed by the terms of the public agency, a copy of the recorded deed restriction, st time. (BOE-267)  In the affordability of, reduce rents otherwise necessary for,
C. At least one of the following crite	ria is applicable (check one):	
<ul> <li>(1) The acquisition, construction of tax-exempt mortgage of guaranteed by the federal of financing does not included</li> <li>(2) The owner is eligible and residual construction.</li> </ul>	on, rehabilitation, development, or operation of the prevenue bonds; general obligation bonds; local, state government; or project—based federal funding under selected rental assistance through tenant rent-subsidy eceives state low-income housing tax credits pursuant	roperty is financed with government financing in the form, or federal loans or grants; or any loan insured, held, or ection 8 of the Housing Act of 1937. (The term "government vouchers under section 8 of the Housing Act of 1937.) to Revenue and Taxation sections 12205, 12206, 17057.5,
(3) In the case of a claim that property are lower income The total exemption amou	households whose rents do not exceed the rent pres nt allowed under this subdivision to a taxpayer, with i	rear thereafter, 90 percent or more of the occupants of the scribed by section 50053 of the Health and Safety Code. respect to a single property or multiple properties for any exceed one hundred thousand dollars (\$100,000) of tax.

#### **SECTION 4. HOUSEHOLD INFORMATION**

#### A. Eligibility Based on Family Household Income

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:

NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME						
1	\$59,400	3	\$76,400	5	\$91,650	7	\$105,250
2	\$67,900	4	\$84,900	6	\$98,450	8	\$112,050

**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 the report below.

#### THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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

Attach a list showing desired information for only those households that qualify. 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 Note: Under section 214(g), the divided by the total number of facilities".	e exemption percentage	e is the number of "units serving lower income households" ercentage is applied to the entire property including "related	EXAMPLE	ACTUAL
1. Number of residential ur	its designated for use b	by or serving lower income households.	80	
2. Total number of resident	ial units.		100	
Percentage which the nure residential units. (C1 / C)		lower income households" is of the total number of	80% (80 / 100)	
D. Property Use.  Does this property include  If yes, provide a brief desc			A	
E. Application of Limitation	on Exemption to \$100.	.000 of tax [Revenue & Taxation Code section 214(g)(1)(		1
This limitation on the amount of companies that <b>are not finance</b> in section 214(g)(1)(B). Claimanuse additional sheets if necess Corporate ID or LLC number	f the exemption applies ad by government loar ats with properties quali ary.	s solely to low-income housing properties owned by nonrof ns, as specified in section 214(g)(1)(A) or do not receive low frying for exemption under 214(g)(1)(C) must list all the count	t organizations or elig t-in <mark>come housing t</mark> ax o ties in wh <mark>ic</mark> h such prop	credits, as provid
COUNTY	APN	PROPERTY STREET ADDRESS CITY	/ ZIP CODE	AMOUNT OF \$100,000 TAX (EMPTION TO BE 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.

NAME OF CLAIMANT		TITLE		DATE
SIGNATURE OF CLAIMANT	DAYTIME TELEP	HONE	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 the claim 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 you do not complete and file this form, you may be denied the exemption. The claimant should provide each household living on the property with a copy of form BOE-267-L-A, Lower Income Households - Family Household Income Reporting Worksheet.

The organization claiming the exemption keeps the completed, signed statements in case of further audit.

<u>Do not submit the worksheets with your filing.</u>

#### **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 2015 would enter "2015-2016" on line four of the claim; a "2014-2015" entry on a claim filed in February 2015 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. Identify the Organizational Clearance Certificate (OCC) No. of the organization issued by the State Board of Equalization (Board).

## **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 either federal low-income housing tax credits or government financing 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.

## **SECTION 4. Household Information.**

Include a list 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 amount on table). Also, please list vacant units held for low-income housing tenants.



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

#### **SECTION 4C.**

Revenue and Taxation Code section 214(g)(1) amended January 1, 2015 states rental housing and "related facilities" is 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. 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 4D.

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

# OBTAINING CLAIM FORMS FROM THE STATE BOARD OF EQUALIZATION.

Claim form BOE-277, Claim for Organizational Clearance Certificate - Welfare Exemption and claim form BOE-277-LLC, Claim for Organizational Clearance Certificate - Welfare Exemption - Limited Liability Company can be accessed on the Board's website (www.boe.ca.gov/proptaxes/welfareclaimforms.htm) or you may request the form by contacting the Exemptions Section at 1-916-274-3430.

