EF-267-L-R15-1016-56000427-1 BOE-267-L (P1) REV. 15 (10-16)

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSING — LOWER INCOME HOUSEHOLDS



Keith Taylor ASSESSOR OF VENTURA COUNTY

800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.countyofventura.org

This claim is filed for fiscal	ıl year 20 — 20	
This is a Supplemental Aff	fidavit filed with	
BOE-267, Claim	n for Welfare Exemption (First Filing)	
☐ BOE-267-A, Cla	aim for Welfare Exemption (Annual Filing)	
SECTION 1. IDENTIFICA	ATION OF APPLICANT	
Name of Organization		Corporate ID or LLC Number
Mailing Address (number a	and street)	
City, State, Zip Code		
☐ Yes ☐ No	claim for an OCC with the Board of Equalization? information on obtaining an OCC claim form.	ate with this claim if first filing). If you do not have
Address of property (numb		
City, County, Zip Code		Date Property Acquired
	MENT FINANCING OR TAX CREDITS; USE RESTRICTION sing property for which this claim is made, the applicant certifies that (check all	applicable boxes):
project's usage an income household federal, state, or l financing or finan	rceable and verifiable agreement with a public agency or a recorded deed restrand that provides that the units designated for use by lower income households a lds at rents that do not exceed those prescribed by section 50053 of the Health a local financing or financial assistance conflicts with section 50053, rents that do not all assistance. Please provide a copy of the regulatory agreement with a public other legal document if you are filing a claim on this property for the first time. (B	are continuously available to or occupied by lower and Safety Code, or, to the extent that the terms of prot exceed those prescribed by the terms of the cagency, a copy of the recorded deed restriction,
	would have been necessary to pay property taxes are used to maintain the afford by lower income households.	rdability of, redu <mark>ce</mark> rents otherwise necessary for,
C. At least one of the	e following criteria is applicable (check one):	
of tax-exem guaranteed	sition, construction, rehabilitation, development, or operation of the property is npt mortgage revenue bonds; general obligation bonds; local, state, or federal I by the federal government; or project—b <mark>as</mark> ed federal funding under section 8 of does not include federal ren <mark>tal</mark> assistance through tenant rent-subsidy vouchers	al loans or grants; or any loan insured, held, or the Housing Act of 1937. (The term "government"
	is eligible and receives stat <mark>e l</mark> ow-incom <mark>e housing tax credits pursuant to Re</mark> venu i10.4, and 23610.5 or fede <mark>ral</mark> low-inco <mark>me</mark> housing tax c <mark>red</mark> its pursuant to sectio	
	e of a claim that is filed for the 2000-2001 fiscal year or any fiscal year therea e lower income households whose rents do not exceed the rent prescribed by	

[section 214(g)(1)(c)] 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:

The total exemption amount allowed under this subdivision to a taxpayer, with respect to a single property or multiple properties for any fiscal year on the sole basis of the application of this subparagraph, may not exceed one hundred thousand dollars (\$100,000) of tax.

NO. OF PERSONS IN HOUSEHOLD	MAXIMUM INCOME						
1	\$52,300	3	\$67,250	5	\$80,700	7	\$92,650
2	\$59,800	4	\$74,700	6	\$86,700	8	\$98,650

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 Servin Note: Under section 214(g), i		nolds. e is the number of "units serving lower income house	holds"			
divided by the total number of facilities".	related	ACTUAL				
1. Number of residential	Number of residential units designated for use by or serving lower income households. 80					
2. Total number of reside	ntial units.		100			
	3. Percentage which the number of "units serving lower income households" is of the total number of residential units. (C1 / C2 above) 80% (80 / 10)					
D. Property Use. Does this property include	e <mark>nonexempt commercia</mark> l	space? Yes No				
If yes, provide a brief de	scription of the nonexemp	ot co <mark>m</mark> mercial space:		1		
E. Application of Limitation	on Exemption to \$100.	000 of tax [Revenue & Taxation Code section 214	(a)(1)(C)]			
his limitation on the amount	of the exemption applies	solely to low-income housing properties owned by n	onprofit organizations of			
companies that are not finan n section 214(g)(1)(B). Claim use additional sheets if nece	ants with properties qualif	s, as specified in section 214(g)(1)(A) or do not rece lying for exemption under 214(g)(1)(C) must list all the	e counties in which such	tax credits, as provi properties are loca		
Corporate ID or LLC number						
	LIST ALL LOW-INCO	OME PROPERTIES SUBJECT TO \$100,000 TAX	EXEMPTION			
COUNTY	APN	PROPERTY STREET ADDRESS	CITY / ZIP CODE	AMOUNT OF \$100,000 TAX EXEMPTION TO B 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.

