BOE-267-L4 (P1) REV 00 (05-24)

## WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSEHOLDS EXCEEDING LOW-INCOME LIMITS "OVER-INCOME" TENANT DATA (100% AMI)



### **Brett Frazier Madera County Assessor**

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

| "OVER-INCOME" TENANT DATA (10  | 0% AMI)  |  |   |   | g  |  |  |
|--|--|--|---|---|--|--|--|
| This claim is filed for fiscal year 20 — 20_   |  |  |   |   |  |  |  |
| This is a Supplemental Affidavit filed with  |  |  |   |   |  |  |  |
| ☐ BOE-267, Claim for Welfare Exempt  | ion (First Filing)   |  |   |   |  |  |  |
| ☐ BOE-267-A, Claim for Welfare Exem  | ption (Annual Filir  | ng)  |   |   |  |  |  |
| In the case of an owner of property that is su<br>treated as occupied by a lower income hou<br>on subsequent lien dates the household inco   | sehold for welfa   | are exemptio   | n purposes of Revenue   | and Taxation Code   |  |  |  |
| <ol> <li>the occupants' household income is no more than 100 percent of area median income (AMI), adjusted for family size,</li> <li>the occupants were a lower income household on the lien date when occupancy first began, and</li> <li>the unit remains rent-restricted.</li> </ol>  |  |  |   |   |  |  |  |
| You must complete this affidavit if you checke exemption on a unit under the provisions of   |  |  |   | indicating that you   | are seeking  |  |  |
| SECTION 1. IDENTIFICATION OF APPLICANT AND IDENTIFICATION OF PROPERTY  |  |  |   |   |  |  |  |
| Name of Organization   |  |  | Corporate II  | or LLC Number   |  |  |  |
| Address of Property (number and street)  | <b>A A</b>   |  |   |   |  |  |  |
| City, County, Zip Code   |  |  | Assessor's F  | Parcel/Assessment N   | lum <mark>be</mark> r(s)   |  |  |
| SECTION 2. HOUSEHOLD INFORMATION   |  | VI.  |   |   |  |  |  |
| A. List of Qualified Households  |  |  |   |   |  |  |  |
| Section 259.15 of the Revenue and Taxation rental housing property that is subject to an on units occupied by households whose incompanied by an affidavit that reunits where the occupant initially met the inclower income units under the provision of second included on BOE-267-L or BOE-267-L1 in Second do not exceed 100% AMI ("over-income" | enforceable and omes rise above ports specific informe limitation a stion 214(g)(2)(A ection 4.C2 (Num | verifiable action the lower in formation. Using the unit condition of the Render of reside | greement with a public accome limit but do not ex<br>e the table below to proventinues to be rent restri<br>evenue and Taxation Cocential units occupied by | gency, where the coceed 100 percent of the color of the required into cted, as they may only provide information. | laimant seeks exemption of area medium income, formation, listing all such continue to be treated as tion for each unit that was |  |  |
| Address/Unit Number  | No. of<br>Persons in<br>Household  | Annual<br>Household<br>Income  | Maximum Allowable<br>Rent That Can Be<br>Charged for the Unit   | Actual Rent<br>Charged to<br>the Tenant   | Percentage of AMI<br>From Which<br>Maximum Rent<br>Charged is Derived  |  |  |
|  |  |  |   |   |  |  |  |
|  |  |  |   |   |  |  |  |

### 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 T | TELEPHONE EMAIL ADDRESS |  |      |
| <b>&gt;</b>           | ( )       |                         |  |      |

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE



# INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSEHOLDS EXCEEDING LOW-INCOME LIMITS — "OVER-INCOME" TENANT DATA (100% AMI)

This affidavit must be filed when seeking the welfare exemption on lower income rental housing property under the provisions of Revenue and Taxation Code sections 214(g)(2)(A)(iii) and 259.15. These provisions are only applicable to lower income rental housing properties that is subject to an enforceable and verifiable agreement with a public agency and owned and operated by a nonprofit organization, eligible limited liability company, or limited partnership with an eligible managing general partner. Under these provisions, the welfare exemption continues to be available where the occupant(s) of a unit originally met the lower income threshold on the lien date in the fiscal year in which the occupancy of the unit commenced, but the household income of the occupants increased in subsequent years above the lower income limits, as long as the income does not exceed 100 percent of area median income (AMI), adjusted for family size ("overincome" tenants), and the unit continues to be rent restricted.

This affidavit supplements the claim for welfare exemption and must be filed, for certain properties, with the county assessor by February 15 to avoid a late-filing penalty as provided for in Revenue and Taxation Code section 270. A separate affidavit must be filed for each location upon which you are seeking exemption under the provisions of Revenue and Taxation Code section 214(g)(2)(A)(iii). If you indicated on supplemental affidavit BOE-267-L, Welfare Exemption Supplemental Affidavit, Housing – Lower Income Households, or BOE 267-L1, Welfare Exemption Supplemental Affidavit, Low-Income Housing Property Of Limited Partnership, that you are seeking exemption under this criteria, you must complete and file this form. Failure to do so will result in denial of the exemption. In accordance with Revenue and Taxation Code section 259.15, the assessor shall keep this form confidential.

### **FISCAL YEAR**

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

### **SECTION 1. Identification of Applicant and Property**

Identify the name of the organization seeking exemption on the low-income housing property, the corporate identification number or LLC number assigned by the California Secretary of State. Identify the location of the low-income housing property, the county in which the property is located, and the assessor's parcel number or assessment number of the property.

### **SECTION 2. Household Information**

Provide the requested household information on all units occupied by households for which the organization is seeking exemption under the provisions of Revenue and Taxation Code section 214(g)(2)(A)(iii), as indicated upon checking the box in Section 4.A2 on BOE-267-L or BOE 267-L1. This listing shall be those units included in the number of residential units occupied by households exceeding lower income limits but do not exceed 100% AMI shown in Section 4.C2 on BOE-267-L or BOE 267-L1.

