EF-267-L3-R04-0524-46000061-1 BOE-267-L3 (P1) REV 04 (05-24)

## WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSEHOLDS EXCEEDING LOW-INCOME LIMITS "OVER-INCOME" TENANT DATA (140% AMI)



### Ms. Laura Marshall Sierra County Assessor

100 Courthouse SQ Downieville, CA 95936-8 Phone: (530) 289-3283

"OVER-INCOME" TENANT DATA (14	0% AMI)		852		
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)					
In the case of a property eligible for and rece 42 or in the case of an owner of prop income household, subject to a contract the occupied by a lower income household fo subsequent lien dates the household income	perty that is a nat complies w or welfare exen	community ith the requi nption purpo	land trust (CLT rements of Section ses of Revenue	) and whose property on 402.1, a unit shall co and Taxation Code sec	is leased to a lower ontinue to be treated as
(1) the occupants' household income is no m (2) the occupants were a lower income house (3) the unit remains rent-restricted.					ize,
You must complete this affid <mark>av</mark> it if you <mark>ch</mark> ecke on a unit under the provisions of Rev <mark>enue an</mark>				267-L1, indicating that yo	u are seeking exemption
SECTION 1. IDENTIFICATION OF APPLICA	NT AND IDENT	FICATION O	F PROPERTY		
Name of Organization			Corp	orate ID or LLC Number	TCAC Number
Address of Property (number and street)	$\Lambda$				
City, County, Zip Code	4/		Asse	ssor's Parcel/Assessment I	Number(s)
SECTION 2. HOUSEHOLD INFORMATION					
A. List of Qualified Households			_		
Section 259.15 of the Revenue and Taxation lower income rental housing property that is welfare exemption on a lower income rental lower income household, where the claiman limit but do not exceed 140 percent of area must below to provide the required information, listing the restricted, as they may continue to be treat and Taxation Code. Provide information for each units occupied by households exceeding low if necessary.	eligible for and housing propert seeks exempt nedium income, ng all such unitseated as lower inch unit that was	has received rty in which to ion on units of shall be accoord where the oc- income units of sincluded on	federal LIHTC an he owner of propo- ccupied by housel mpanied by an affic ccupant initially me under the provision BOE-267-L or BC	d for fiscal year 2022-23 erty is a CLT and whose nolds whose incomes rise davit that reports specific the income limitation and of section 214(g)(2)(A)(DE-267-L1 in Section 4.0	to 2027-28, the claim for e property is leased to a a above the lower income information. Use the table d the unit continues to be iii) or (iv) of the Revenue 2 (Number of residential
Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allow Rent That Can Charged for the	Be Charged to	Percentage of AMI From Which Maximum Rent Charged is Derived
I certify (or declare) under penalty of perjury any accompanying stateme		f the State of C			
NAME OF CLAIMANT			TITLE	, , , , , , ,	DATE
SIGNATURE OF CLAIMANT DAYTIME T			ELEPHONE	EMAIL ADDRESS	 S

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 (140% AMI)

This affidavit must be filed when seeking the welfare exemption on lower income rental housing property under the provisions of Revenue and Taxation Code sections 214(g)(2)(A)(iii) or (iv) and 259.15. These provisions are only applicable to lower income rental housing properties eligible for and receiving federal low-income housing tax credits (LIHTC) pursuant to Internal Revenue Code Section 42 or an owner of property that is a community land trust (CLT) and whose property is leased to a lower income household, subject to a contract that complies with the requirements of Section 402.1 and owned and operated by a nonprofit organization, eligible limited liability company, or limited partnership with an eligible managing general partner. Under these provisions, the welfare exemption continues to be available where the occupant(s) of a unit originally met the lower income threshold on the lien date in the fiscal year in which the occupancy of the unit commenced, but the household income of the occupants increased in subsequent years above the lower income limits, as long as the income does not exceed 140 percent of area median income (AMI), adjusted for family size ("over-income" tenants), and the unit continues to be rent restricted.

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

#### **FISCAL YEAR**

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

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

Identify the name of the organization seeking exemption on the low-income housing property, the corporate identification number or LLC number assigned by the California Secretary of State, and the Tax Credit Allocation Committee (TCAC) number assigned to the rental housing project. Identify the location of the low-income housing property, the county in which the property is located, and the assessor's parcel number or assessment number of the property.

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

Provide the requested household information on all units occupied by households for which the organization is seeking exemption under the provisions of Revenue and Taxation Code section 214(g)(2)(A)(iii) or (iv), as indicated upon checking the box in Section 4.A2 on BOE-267-L or BOE 267-L1. This listing shall be those units included in the number of residential units occupied by households exceeding lower income limits but do not exceed 140% AMI shown in Section 4.C2 on BOE-267-L or BOE 267-L1.

