EF-267-L3-R03-0521-55000209-1

BOE-267-L3 (P1) REV 03 (05-21)

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



Kaenan Whitman **Tuolumne County Assessor - Recorder**

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OVER-INCOME	IENANI DAIA (I	40 /6 AIVII)	4	Email: a	ssessor@tuolumnecour	nty.ca.gov
This claim is filed for fi	scal year 20 - _ 2	0				
This is a Supplementa	Affidavit filed with					
☐ BOE-267,	Claim for Welfare Exem	ption (First Filing)				
☐ BOE-267-	A, Claim for Welfare Exe	mption (Annual Filir	ng)			
unit shall continue t	perty eligible for and r to be treated as occupi if on subsequent lien o	ed by a lower inco	ome household fo	or welfare exemption	purposes of Revenue	and Taxation Code
	ousehold income is no ere a lower income hou rent-restricted.				usted for family size,	
on a unit under the p	his affidavit if you chec rovisions of Revenue a	and Tax <mark>at</mark> ion Code	section 214(g)(2)	(A)(iii).	indicating that you are	seeking exemption
	10711011011		10,1110			
Name of Organization				Corporate ID	or LLC Number TCA	Number
Address of Property (n	umber and street)					
City, County, Zip Code		Λ		Assessor's Pa	arcelA <mark>ss</mark> essment Numbe	er(s)
SECTION 2. HOUSE	HOLD INFORMATION					
A. List of Qualified	Households					
be accompanied by where the occupant income units under th on BOE-267-L or BC	households whose inc an affidavit that reports initially met the income ne provision of section 2 DE-267-L1 in Section 4 over-income" tenants))	s specific informati limitation and the 214(g)(2)(A)(iii) of th .C2 (Number of re	on. Use the table unit continues to ne Revenue and T sidential units occ	below to provide the be rent restricted, as axation Code. Provide cupied by households	required information, they may continue to information for each u	listing all such units be treated as lower nit that was included
,	ddress/Unit Number		o. of Persons in	Annual Household	Maximum Allowable	Actual Rent
			Household	Income	Rent That Can Be	Charged to
					Charged for the Unit	the Tenant
			CEDTIFICA	TION		
I certify (or declare	e) under penalty of perju ny accompanying staten	ry under the laws of nents or documents	CERTIFICA the State of Califo is true, correct, a	_	and all information conta of my knowledge and b	ined herein, including elief.
NAME OF CLAIMANT						

DAYTIME TELEPHONE

EMAIL ADDRESS

SIGNATURE OF CLAIMANT

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) 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 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). 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), 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.

