EF-267-L3-R03-0521-01000281-1

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

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



COUNTY OF ALAMEDA PHONG LA, ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3787 Fax (510) 272-3803

•	www.acgov.org/assessor			
his claim is filed for fiscal year 20 — 20				
nis is a Supplemental Affidavit filed with				
☐ BOE-267, Claim for Welfare Exemption (First F	iling)			
☐ BOE-267-A, Claim for Welfare Exemption (Ann	ual Filing)			
the case of a property eligible for and receiving fec nit shall continue to be treated as occupied by a low ection 214(g), even if on subsequent lien dates the ho	er income household f	or welfare exemption	purposes of Rev	enue and Taxation Cod
) the occupants' household income is no more than on the occupants were a lower income household on the unit remains rent-restricted.				ze,
ou must complete this affidavit if you checked the box n a unit under the provisions of Revenue and Taxatior			indicating that yo	u are seeking exemptio
ECTION 1. IDENTIFICATION OF APPLICANT AND II	DENTIFICATION OF PR	ROPERTY		
ame of Organization		Corporate ID	or LLC Number	TCAC Number
ddress of Property (number and street)		I		
rity, County, Zip Code		Assessor's P	arcelAssessment N	lumber(s)
ECTION 2. HOUSEHOLD INFORMATION				
A. List of Qualified Households				
where the occupant initially met the income limitation a acome units under the provision of section 214(g)(2)(A) in BOE-267-L or BOE-267-L1 in Section 4.C2 (Numbe acceed 140% AMI ("over-income" tenants)). Attach add	(iii) of the Revenue and ⁻ er of residential units oc	Faxation Code. Provide cupied by households	e information for ea	ach unit that was include
Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowa Rent That Can Charged for the	Be Charged to
	CERTIFICA	TION		
I certify (or declare) under penalty of perjury under the any accompanying statements or doc	laws of the State of Califo	ornia that the foregoing	and all information t of my knowledge a	contained herein, includir and belief.
NAME OF CLAIMANT	ТІТІ	E		DATE
SIGNATURE OF CLAIMANT	DAYTIME TELEP	HONE	EMAIL ADDRESS	
SIGNATURE OF GEARMANT	()	HONE	LIVIAIL ADDITES	•

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.

