EF-267-L3-R04-0524-14000110-1 BOE-267-L3 (P1) REV 04 (05-24)

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



County of Inyo
Dave Stottlemyre, Assessor

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OVER-INCOME TENANT DATA	•						
This claim is filed for fiscal year 20 — 2	0						
This is a Supplemental Affidavit filed with							
☐ BOE-267, Claim for Welfare Exen	nption (First Filing)						
☐ BOE-267-A, Claim for Welfare Exemption (Annual Filing)							
In the case of a property eligible for and re 42 or in the case of an owner of pi income household, subject to a contract occupied by a lower income household subsequent lien dates the household income	roperty that is a t that complies w for welfare exer	a community vith the requi nption purpo	land trust rements of ses of Rev	t (CLT) and Section 402.1 venue and Ta	whose property I, a unit shall co	is leased to a lower ntinue to be treated as	
(1) the occupants' household income is no(2) the occupants were a lower income hou(3) the unit remains rent-restricted.						ze,	
You must complete this affidavit if you checon a unit under the provisions of Revenue					indicating that yo	u are seeking exemption	
SECTION 1. IDENTIFICATION OF APPLIC	ANT AND IDENT	IFICATION O	F PROPER	ГΥ			
Name of Organization				Corporate ID or LLC Number		TCAC Number	
Address of Property (number and street)							
City, County, Zip Code				Assessor's Parcel/Assessment Number(s)			
SECTION 2. HOUSEHOLD INFORMATION	N .			<u> </u>			
A. List of Qualified Households							
Section 259.15 of the Revenue and Taxa lower income rental housing property that welfare exemption on a lower income rentlower income household, where the claim limit but do not exceed 140 percent of area below to provide the required information, litrent restricted, as they may continue to be and Taxation Code. Provide information for units occupied by households exceeding to if necessary.	is eligible for and tal housing prope ant seeks exempt a medium income, sting all such units treated as lower each unit that was	has received rty in which to tion on units of shall be accoording where the oc- income units is included on	federal LIH he owner of occupied by mpanied by ccupant initia under the pr BOE-267-L	TC and for fis for property is a households whan affidavit the ally met the incovision of second BOE-267-	cal year 2022-23 a CLT and whose nose incomes rise at reports specific i come limitation and tion 214(g)(2)(A)(i L1 in Section 4.C	to 2027-28, the claim for property is leased to a above the lower income nformation. Use the table the unit continues to be ii) or (iv) of the Revenue 2 (Number of residential	
Address/Unit Number	No. of Persons in Household	Annual Household Income	Maximum Allowable Rent That Can Be Charged for the Unit		Actual Rent Charged to the Tenant	Percentage of AMI From Which Maximum Rent Charged is Derived	
		0===	10 A T : 0 : 1				
I certify (or declare) under penalty of perju any accompanying stater	ry under the laws o ments or document	f the State of C	TICATION California that ct, and comp	t the foregoing elete to the besi	and all information of t of my knowledge a	contained herein, including and belief.	
NAME OF CLAIMANT			TITLE		, 3	DATE	
SIGNATURE OF CLAIMANT		DAYTIME T	DAYTIME TELEPHONE		EMAIL ADDRESS		

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.

