EF-267-L3-R03-0521-49000368-1

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

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



## Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

585 Fiscal Dr., Rm 104 Santa Rosa, CA 95403-2872 Telephone: (707) 565-1888 FAX: (707) 565-3317

OVER-INCOME	IENANI DA	IA (140 / AIVII)			sonoma	acounty.ca.gov/ass	sessor	
This claim is filed for fisc	cal year 20	20						
Γhis is a Supplemental <i>i</i>	Affidavit filed with							
☐ BOE-267, C	laim for Welfare	Exemption (First Filing)						
□ BOE-267-A	, Claim for Welfa	re Exemption (Annual Fil	ing)					
unit shall continue to	be treated as o	and receiving federal leccupied by a lower ind lien dates the househo	come househo	ld for welfa	re exemption	purposes of Rev	enue an	
	e a lower incom	is no more than 140 pe ne household on the lie					ize,	
		checked the box in Se enue and Taxation Code			r BOE-267-L1,	indicating that ye	ou are se	eking exemption
SECTION 1. IDENTIF	CATION OF AF	PPLICANT AND IDENT	IFICATION OF	PROPERT	Υ			
Name of Organization					Corporate ID	or LLC Number	TCAC	Number
Address of Property (nu	mber and street)							
City, County, Zip Code					Assessor's ParcelAssessment Number(s)			
SECTION 2. HOUSEH	IOLD INFORMA	ATION						
A. List of Qualified I								
where the occupant ir income units under the on BOE-267-L or BOE	itially met the in provision of sec E-267-L1 in Sec	eports specific informancome limitation and the ction 214(g)(2)(A)(iii) of tion 4.C2 (Number of reants)). Attach additional	e unit continue the Revenue a esidential units	es to be rent nd Taxation coccupied b	t restricted, as Code. Provide	they may conting information for e	ue to be ach unit	treated as lower that was included
Add	Address/Unit Number		No. of Persons in Household		Il Household Income	Maximum Allow Rent That Can Charged for the	Ве	Charged to
I certify (or declare)	under penalty of y accompanying	perjury under the laws o		ICATION alifornia that ct, and comp	the foregoing lete to the bes	and all information t of my knowledge	containe and belie	d herein, including
NAME OF CLAIMANT				TITLE		· •		ATE
SIGNATURE OF CLAIMAN	Т		DAYTIME T	ELEPHONE		EMAIL ADDRES	S	

# 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.

