BOE-236-A (P1) REV. 11 (05-19)

SUPPLEMENTAL AFFIDAVIT FOR BOE-236 HOUSING — LOWER-INCOME HOUSEHOLDS ELIGIBILITY BASED ON FAMILY HOUSEHOLD INCOME (Yearly Filing)



Shanna White County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

This affidavit is required under the provisions of section 251 of the Revenue and Taxation Code for those organizations filing BOE-236, Exemptions of Leased Property Used Exclusively and Soley for Low-Income Housing.

This affidavit supplements the claim for exemption and must be filed with the Assessor. If you do not complete and file this form, it is grounds for denial of the exemption.

						states:
		(na	ame of person making af	fidavit)		
1.	That as		(title, such	as president, etc.)		,
0	af tha		, ,	, ,		
۷.	of the		(corporate or	organization name)		,
3.	the mailing address	of which is				,
	· ·		(complete address inc	cluding zip code)	
4.	for the property local	ed at	(addi	ress of property, inclu	ıding zip code)	
_	T					
5.					oport of a claim for ending the contract of a claim for each	
		nocal year. (Example: a person ill	ing a timery claim	Troditadry 2011 Would C	11101 2011 2012.)
		ELIGIBII ITV	BASED ON FAMILY	HOUSEHOLD IN	ICOME	
Section	236 of the Californi	a Revenue and	I Taxation Code pr	ovides that prop	erty used exclusively	v and solev for
			•		roperty taxes to the ex	•
	eholds residing therein					
			1	1		
-	No. of Persons in Household	Maximum Income	No. of Persons in Household	Maximum Income	No. of Persons in Household	Maximum Income
	1	\$39,150	4	\$55,900	7	\$69,350
	2	\$44,750	5	\$60,400	8	\$73,800
	3	\$50,350	6	\$64,850		ψ. σ,σσσ
		, ,		1		
NOTE:			ch number of persons	s, contact the Ass	essor. The amounts are	e different for each
	county and they chang	ge annually.				
In order	to qualify all or a poi	tion of the total	property for the exe	mption, you mus	t have: (1) a signed s	tatement for each
					must complete the rep	
of this fo	orm.					
			CERTIFICAT	ION		
1	i (ou do doug) un dou nou		day that laws of the Cta	to of California the	4 tha favoracion and all i	
					t the foregoing and all in to the best of my knowle	
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SIGNATURE	E OF PERSON MAKING AFFIDAVI	I	TITLE		DATE	

THIS AFFIDAVIT IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.



A. LIST OF QUALIFIED HOUSEHOLDS

	UNIT NUMBER (use two lines if there are two households in a unit)	NUMBER OF PERSONS IN HOUSEHOLD (may be more than one household in unit)	HOUSEHO	I INCOME FOR DLD DOES NOT KCEED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
14				
15				
16				
17				
18				
19				
20				
NOTE: The exer	al number of residential units. Thi	OME HOUSEHOLDS r of "units serving lower-income households is percentage is applied to the entire property	EXAMPLE	ACTUAL
1. Number of re	sidential units designated for use	by or serving lower-income households.	80	
2. Total number	of residential units.		100	
3. Percentage values of re	which the number of "units servir sidential units. (BN1 / B2 above)	ng lower-income households" is of the total	80% (80/100)	

INSTRUCTIONS FOR COMPLETION OF SUPPLEMENTAL AFFIDAVIT FOR BOE-236

Housing — Lower-Income Households Eligibility Based on Family Household Income

The claimant (organization) must follow the instructions listed below. The claimant should provide each household living on the property with a copy of the attached form titled Lower-Income Households — Statement of Family Household Income. The organization's property will not be allowed the exemption unless the proper information in a completed affidavit, in duplicate, is provided to the Assessor.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

A. LIST OF QUALIFIED HOUSEHOLDS

The claimant must list on the affidavit the following information for **only** those lower-income households that **qualify**:

- (1) Home address, apartment number, room number, etc. Use two lines if there are two households at the same location, etc.
- (2) The number of persons claimed to be in the household (one household for each line item).
- (3) The maximum income limit reported by each household (this figure should agree with the income limit based upon the number of persons in the household that as printed on the affidavit).

NOTE: No **by line item** reporting is necessary for vacant room (areas), households that did not report, households that may not be lower-income, or for households whose incomes exceed the applicable income limits.

B. NUMBER OF UNITS SERVING LOWER-INCOME HOUSEHOLDS

The claimant must complete this section of the affidavit for all households, eligible and ineligible, by entering:

		Example
(1)	The total number of households	80
(2)	The total number of residential units	100
(3)	The exemption calculation percentage is computed by dividing the lower-income units B(1) by the total number of units B(2)	80% (80/100)



(Suggested Family Household Income Reporting Form for _____)

LOWER-INCOME HOUSEHOLDS STATEMENT OF HOUSEHOLD INCOME

Address or Unit No			
(No P.O. Box Nos.)			
	turn it to the manager of the organizat] .
 Number of persons in family 	household (see instructions).		
	penalty of perjury under the laws of the not exceed \$ (Enter the nold.)	e State of California that the	
the prior calendar year did	not exceed \$ (Enter the nold.)	e State of California that the	
the prior calendar year did	not exceed \$ (Enter the	e State of California that the	
the prior calendar year did	not exceed \$ (Enter the nold.) NUMBER OF PERSONS	e State of California that the amount of the income limit,	
the prior calendar year did	not exceed \$ (Enter the hold.) NUMBER OF PERSONS IN FAMILY HOUSEHOLD	e State of California that the amount of the income limit, a	
the prior calendar year did	not exceed \$ (Enter the hold.) NUMBER OF PERSONS IN FAMILY HOUSEHOLD	e State of California that the amount of the income limit, and income limit, some support of the income limit.	
the prior calendar year did	not exceed \$ (Enter the hold.) NUMBER OF PERSONS IN FAMILY HOUSEHOLD 1 2	e State of California that the amount of the income limit, and income limit income limit income Limit \$39,150 \$44,750	
the prior calendar year did	not exceed \$ (Enter the hold.) NUMBER OF PERSONS IN FAMILY HOUSEHOLD 1 2 3	e State of California that the amount of the income limit, which is supported by the income limit in the income limit, in the income limit in the income limi	
the prior calendar year did	not exceed \$ (Enter the hold.) NUMBER OF PERSONS IN FAMILY HOUSEHOLD 1 2 3 4	e State of California that the amount of the income limit, INCOME LIMIT \$39,150 \$44,750 \$50,350 \$55,900	
the prior calendar year did	not exceed \$ (Enter the hold.) NUMBER OF PERSONS IN FAMILY HOUSEHOLD 1 2 3 4 5	e State of California that the amount of the income limit, and the income limit, some state of the income limit. INCOME LIMIT	

(FAMILY HOUSEHOLD INCOME REPORTING FORM)

GENERAL INFORMATION

Section 236 of the California Revenue and Taxation Code provides that property used exclusively for providing housing for lower-income households can qualify for an exemption from property taxes.

INSTRUCTIONS

FAMILY HOUSEHOLD INCOME

- 1. Enter the **names** of the persons who are in your household. Also, enter address or unit number.
- 2. Enter on line 1 the **number** of persons who are in your household.
- 3. Enter on line 2 the income limit figure for the number of persons shown on line 1.
- 4. Sign the statement if your combined household income is the same as or less than the income limit.
- 5. Promptly return the statement to an officer or the manager of the organization on whose property you reside so the organization will have time to complete the form that must be filed with the Assessor.

HOUSEHOLD INCOME

Income includes but is not limited to:

- (1) Wages, salaries, fees, tips, bonuses, commissions, and other employee compensation.
- (2) Net income from the operation of a business or profession or from rental of real or personal property.
- (3) Interest and dividends.
- (4) Periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability, or other similar types of periodic receipts.
- (5) Unemployment and disability compensation, workers compensation and severance pay.
- (6) Public assistance exclusive of any amount specified for shelter and utilities.
- (7) Alimony, child support payments, and regular contributions or gifts from persons not residing in the dwelling.
- (8) All regular pay, special pay, and allowances of a member of the Armed Forces who is head of the household or spouse.

The following items shall not be considered as income:

- (1) Casual, sporadic, or irregular gifts.
- (2) Amounts specifically for or in reimbursement of the cost of medical expenses.
- (3) Lump sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and workers' compensation), capital gains, and settlement for personal or property losses.
- (4) Amounts of educational scholarships paid directly to the student or educational institution and veteran benefits for costs of tuition, fees, books, and equipment.
- (5) The value of food coupons.
- (6) Payments received from the ACTION Agency, VISTA, Service Learning Programs, Special Volunteer Programs, National Older American Volunteer Program, Retired Senior Volunteer Program, Foster Grandparent Program, Older American Community Services Program, SCORE, and ACE.
- (7) Foster Child Care payments.

For a complete listing of income and deductions, see Department of Housing and Community Development Regulations, section 6914.

