BOE-267-L4 (P1) REV 00 (05-24)

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSEHOLDS EXCEEDING LOW-INCOME LIMITS "OVER-INCOME" TENANT DATA (100% AMI)



Kaenan Whitman Tuolumne County Assessor-Recorder

DATE

EMAIL ADDRESS

2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

Email: assessor@tuolumnecounty.ca.gov

"OVER-INCOME" TENANT DATA (100	0% AMI)					
This claim is filed for fiscal year 20 — 20_						
This is a Supplemental Affidavit filed with						
☐ BOE-267, Claim for Welfare Exemption (First Filing)						
☐ BOE-267-A, Claim for Welfare Exemption (Annual Filing)						
In the case of an owner of property that is sultreated as occupied by a lower income hou on subsequent lien dates the household inco	sehold for welf	fare exemptio	n purposes	of Revenue	and Taxation Code	
(1) the occupants' household income is no m(2) the occupants were a lower income house(3) the unit remains rent-restricted.						ze,
You must complete this affidavit if you checke exemption on a unit under the provisions of F					, indicating that you	u are seeking
SECTION 1. IDENTIFICATION OF APPLICAN	NT AND IDENT	IFICATION O	F PROPER	гү		
Name of Organization				Corporate ID or LLC Number		
Address of Property (number and street)						
City, County, Zip Code				Assessor's Parcel/Assessment Number(s)		
SECTION 2. HOUSEHOLD INFORMATION A. List of Qualified Households Section 259.15 of the Revenue and Taxation rental housing property that is subject to an on units occupied by households whose incoshall be accompanied by an affidavit that requnits where the occupant initially met the inclower income units under the provision of second under the provision under the provision of second under the provision of second under the provision of second under the provision under the provision of second under the provision of second under the provision under the provision under the provision of second under the provision under the	enforceable anomes rise above ports specific in ome limitation a tion 214(g)(2)(A oction 4.C2 (Nu	d verifiable age the lower incompation. Use and the unit condition (iii) of the Rember of reside	preement with come limit be the table continues to evenue and ential units	th a public agout do not ex- below to proving the rent restrice. Taxation Codoccupied by	gency, where the of ceed 100 percent ride the required in cted, as they may le. Provide informa	claimant seeks exemption of area medium income, formation, listing all such continue to be treated as tion for each unit that was
but do not exceed 100% AMI ("over-income" t	enants)). Attach	n additional she	eets, if neces	ssary.		
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

THIS DOCUMENT IS CONFIDENTIAL AND IS NOT SUBJECT TO PUBLIC DISCLOSURE

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

DAYTIME TELEPHONE

TITLE



NAME OF CLAIMANT

SIGNATURE OF CLAIMANT

INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, HOUSEHOLDS EXCEEDING LOW-INCOME LIMITS — "OVER-INCOME" TENANT DATA (100% 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 that is subject to an enforceable and verifiable agreement with a public agency 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 100 percent of area median income (AMI), adjusted for family size ("overincome" 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. 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 100% AMI shown in Section 4.C2 on BOE-267-L or BOE 267-L1.

