EF-267-L3-R03-0521-57000254-1 BOE-267-L3 (P1) REV 03 (05-21)

Jesse Salinas **Yolo County Assessor**

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

OVER IIIOOIIIE	ILIMANI DA	AIA (140 / AIVII)) 666-8213		
This claim is filed for fi	scal year 20	20			assessor	@yolocounty.org		
This is a Supplementa	Affidavit filed wit	th						
□ BOE-267,	Claim for Welfare	e Exemption (First Filing)						
☐ BOE-267-	A, Claim for Welfa	are Exemption (Annual Filing))					
unit shall continue t	be treated as	r and receiving federal low- occupied by a lower incom It lien dates the household i	ne househ	old for welfa	re exemption p	ourposes of Rev	enue an	
	ere a lower inco	e is no more than 140 perce me household on the lien da				sted for family si	ze,	
		ou checked the box in Section venue and Taxation Code se			r BOE-267-L1, i	ndicating that yo	u are se	eking exemption
SECTION 1. IDENTII	FICATION OF A	PPLICANT AND IDENTIFIC	CATION O	F PROPERT	Υ			
Name of Organization					Corporate ID o	or LLC Number	TCAC	Number
Address of Property (n	umber and street	t)						
City, County, Zip Code	ity, County, Zip Code				Assessor's ParcelAssessment Number(s)			
SECTION 2. HOUSE	HOLD INFORM	ATION						
A. List of Qualified		Allon						
where the occupant income units under the on BOE-267-L or BC	initially met the ne provision of se DE-267-L1 in Se	reports specific information income limitation and the u ection 214(g)(2)(A)(iii) of the ction 4.C2 (Number of resignants)). Attach additional ships	nit continu Revenue dential unit	es to be ren and Taxation s occupied b	t restricted, as Code. Provide	they may continuing the may be the continuity in the continuity of	ue to be ach unit	treated as lower that was included
Ad	Address/Unit Number		of Persons lousehold		Income	Maximum Allowa Rent That Can I Charged for the I	Be (Actual Rent Charged to the Tenant
		_						
		-	CEDTII	FICATION			-	
l certify (or declare a	e) under penalty on ny accompanying	of perjury under the laws of th g statements or documents, is	e State of	California that	the foregoing a lete to the best o	nd all information of my knowledge a	containe and belie	d herein, including f.
NAME OF CLAIMANT				TITLE			DA	TE
SIGNATURE OF CLAIMA	NT		DAYTIME T	TELEPHONE		EMAIL ADDRESS	5	

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.

