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

"OVER-INCOME" TENANT DATA	(100% AMI)						
This claim is filed for fiscal year 20 —	- 20						
This is a Supplemental Affidavit filed with							
☐ BOE-267, Claim for Welfare Exe	mption (First Filing)						
☐ BOE-267-A, Claim for Welfare Exemption (Annual Filing)							
In the case of an owner of property that is treated as occupied by a lower income on subsequent lien dates the household	household for well	fare exemptio	n purposes	of Revenue	and Taxation Cod		
<ul><li>(1) the occupants' household income is r</li><li>(2) the occupants were a lower income ho</li><li>(3) the unit remains rent-restricted.</li></ul>						ze,	
You must complete this affidavit if you che exemption on a unit under the provisions					indicating that yo	u are seeking	
SECTION 1. IDENTIFICATION OF APPLI	CANT AND IDENT	IFICATION O	F PROPERT	Υ			
Name of Organization				Corporate ID or LLC Number			
Address of Property (number and street)							
City, County, Zip Code				Assessor's P	Assessor's Parcel/Assessment Number(s)		
SECTION 2. HOUSEHOLD INFORMATIO  A. List of Qualified Households	)N		1				
rental housing property that is subject to on units occupied by households whose shall be accompanied by an affidavit tha units where the occupant initially met the lower income units under the provision of included on BOE-267-L or BOE-267-L1 ir but do not exceed 100% AMI ("over-income	incomes rise above it reports specific in income limitation a section 214(g)(2)(A n Section 4.C2 (Nu	e the lower in formation. Us and the unit c A)(iii) of the Ro mber of resid	come limit be the table be ontinues to be evenue and lential units of	ut do not excelow to provoe rent restrict Faxation Codoccupied by	ceed 100 percent ide the required ir cted, as they may e. Provide informa	of area medium income, formation, listing all such continue to be treated as tion for each unit that was	
Address/Unit Number	No. of Persons in Household	Household Rent Th		Allowable t Can Be or the Unit	Actual Rent Charged to the Tenant	Percentage of AMI From Which Maximum Rent Charged is Derived	
l certify (or declare) under penalty c including any accompanying	of perjury under the la statements or docu	aws of the State	FICATION e of California correct, and c	that the foreg	oing and all informa be best of my knowled	ation contained herein, dge and belief.	
NAME OF CLAIMANT			TITLE	TITLE DATE		DATE	
SIGNATURE OF CLAIMANT		DAYTIME T	ELEPHONE		EMAIL ADDRESS	3	

## 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.