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

OVER-INCOME TENANT DATA	(100% AWII)				
This claim is filed for fiscal year 20 —	- 20				
This is a Supplemental Affidavit filed with					
☐ BOE-267, Claim for Welfare Exe	emption (First Filing)				
☐ BOE-267-A, Claim for Welfare E	xemption (Annual Fili	ng)			
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 welf	are exemptio	n purposes of Revenue	and Taxation Cod	
<ul><li>(1) the occupants' household income is</li><li>(2) the occupants were a lower income h</li><li>(3) the unit remains rent-restricted.</li></ul>					ize,
You must complete this affidavit if you ch exemption on a unit under the provisions				indicating that yo	u are seeking
SECTION 1. IDENTIFICATION OF APPL	ICANT AND IDENT	FICATION O	F PROPERTY		
Name of Organization			Corporate ID	or LLC Number	
Address of Property (number and street)			, , , ,		
City, County, Zip Code			Assessor's P	arcel/Assessment I	Number(s)
A. List of Qualified Households  Section 259.15 of the Revenue and Taxrental housing property that is subject to on units occupied by households whose shall be accompanied by an affidavit that units where the occupant initially met the lower income units under the provision of included on BOE-267-L or BOE-267-L1 is but do not exceed 100% AMI ("over-incompanies").  Address/Unit Number	ation Code provides of an enforceable and incomes rise above at reports specific in e income limitation a f section 214(g)(2)(A n Section 4.C2 (Nu	d verifiable age the lower in formation. Us and the unit condition of the Rember of reside	greement with a public agreement with a public agreement but do not except the table below to proviontinues to be rent restricted and Taxation Codential units occupied by I	ency, where the ceed 100 percent de the required in ted, as they may e. Provide information	claimant seeks exemption of area medium income, information, listing all such continue to be treated as ation for each unit that was
O					
l certify (or declare) under penalty o any accompanying sta	of perjury under the la atements or materials,	ws of the State	ICATION  e of California that the foreg  t, and complete to the best	oing, and all inform of my knowledge a	ation herein, including nd belief.
NAME OF CLAIMANT			TITLE DATE		
SIGNATURE OF CLAIMANT		DAYTIME T	ELEPHONE	EMAIL ADDRESS	<u> </u> 
		/			

# 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.