PETER ALDANA, COUNTY OF RIVERSIDE ASSESSOR-COUNTY CLERK-RECORDER PO BOX 751, RIVERSIDE, CA 92502-0751 (951) 413-2757 www.rivcoacr.org

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

"OVER-INCOME" IENANI DATA (,						
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 Ex	. ,	0,					
In the case of an owner of property that is treated as occupied by a lower income to on subsequent lien dates the household in	ousehold for well	fare exemptio	n purposes	of Revenue	and Taxation Code		
(1) the occupants' household income is n(2) the occupants were a lower income ho(3) the unit remains rent-restricted.						ze,	
You must complete this affidavit if you che exemption on a unit under the provisions					indicating that you	u are seeking	
SECTION 1. IDENTIFICATION OF APPLIC	CANT AND IDENT	IFICATION O	F PROPER	ГΥ			
Name of Organization				Corporate ID or LLC Number			
Address of Property (number and street)							
City, County, Zip Code				Assessor's P	ssessor's Parcel/Assessment Number(s)		
SECTION 2. HOUSEHOLD INFORMATION A. List of Qualified Households Section 259.15 of the Revenue and Taxal rental housing property that is subject to on units occupied by households whose is 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 in but do not exceed 100% AMI ("over-income Address/Unit Number	tion Code provides an enforceable and neomes rise above reports specific in income limitation a section 214(g)(2)(A Section 4.C2 (Nu	d verifiable age the lower in formation. Us and the unit call(iii) of the Romber of resid	greement w come limit I e the table ontinues to evenue and ential units eets, if neces	ith a public agout do not exc below to prov be rent restric Taxation Cod occupied by I	gency, where the of deed 100 percent ide the required in ofted, as they may e. Provide informa	claimant seeks exemption of area medium income, iformation, listing all such continue to be treated as tion for each unit that was	
	Persons in Household	Household Income		at Can Be for the Unit	Charged to the Tenant	From Which Maximum Rent Charged is Derived	
I certify (or declare) under penalty of including any accompanying		ws of the State					
NAME OF CLAIMANT		· ,	TITLE		<u> </u>	DATE	
SIGNATURE OF CLAIMANT		DAYTIME T	ELEPHONE		EMAIL ADDRESS	5	

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.