CRAIG S. KAY SISKIYOU COUNTY ASSESSOR-RECORDER 311 Fourth Street,Room 108 Yreka, CA 96097-2984 Telephone (530) 842-8036

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

This claim is filed for fixed year 20					
This claim is filed for fiscal year 20 20					
This is a Supplemental Affidavit filed with	· · · (E: · · E:::)				
☐ BOE-267, Claim for Welfare Exemp	` 0,				
☐ BOE-267-A, Claim for Welfare Exer		0,			
In the case of a property eligible for and recount of the case of an owner of proincome household, subject to a contract forcupied by a lower income household forcupied by a lower income household income the household i	perty that is a that complies w or welfare exer	a community vith the requi mption purpo	land trust (CLT) ar rements of Section 40 ses of Revenue and	nd whose property 12.1, a unit shall co Taxation Code se	is leased to a lower ontinue to be treated as
(1) the occupants' household income is no r(2) the occupants were a lower income hous(3) the unit remains rent-restricted.					ize,
You must complete this affidavit if you check on a unit under the provisions of Revenue a				_1, indicating that yo	ou are seeking exemption
SECTION 1. IDENTIFICATION OF APPLICA	NT AND IDENT	IFICATION O	F PROPERTY		
Name of Organization			Corporate	ID or LLC Number	TCAC Number
Address of Property (number and street)					
City, County, Zip Code			Assessor's	sessor's Parcel/Assessment Number(s)	
A. List of Qualified Households Section 259.15 of the Revenue and Taxatic lower income rental housing property that is welfare exemption on a lower income rental lower income household, where the claimar limit but do not exceed 140 percent of area related to provide the required information, list rent restricted, as they may continue to be to and Taxation Code. Provide information for equits occupied by households exceeding low if necessary. Address/Unit Number	s eligible for and all housing prope to seeks exempt medium income, ting all such units reated as lower each unit that was tach unit that was to seeks ach unit that was to seeks ach unit that was the seeks ach unit	has received erty in which to tion on units of shall be accoors where the oc income units is included on	federal LIHTC and for he owner of property accupied by households impanied by an affidavit accupant initially met the under the provision of s BOE-267-L or BOE-26	fiscal year 2022-23 is a CLT and whose whose incomes rise that reports specific income limitation are section 214(g)(2)(A) 57-L1 in Section 4.0	8 to 2027-28, the claim for e property is leased to a e above the lower income information. Use the table d the unit continues to be (iii) or (iv) of the Revenue C2 (Number of residential
			Charged for the Unit	the Tenant	Charged is Derived
I certify (or declare) under penalty of perjury any accompanying statem	vunder the laws o	of the State of C	ICATION California that the foregoing of the complete to the best of the best	ng and all information test of mv knowledge	contained herein, including and belief.
NAME OF CLAIMANT			TITLE	DATE	
SIGNATURE OF CLAIMANT		DAYTIME T	ELEPHONE	EMAIL ADDRES	SS .

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) or (iv) 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 or an owner of property that is a community land trust (CLT) and whose property is leased to a lower income household, subject to a contract that complies with the requirements of Section 402.1 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) or (iv). 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) or (iv), 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.