



## STATE BOARD OF EQUALIZATION

1020 N STREET, SACRAMENTO, CALIFORNIA

P.O. BOX 942879, SACRAMENTO, CALIFORNIA 94279-0001)

(916) 445-4982

WILLIAM M. BENNETT  
First District, KentfieldCONWAY H. COLLIS  
Second District, Los AngelesERNEST J. DRONENBURG, JR.  
Third District, San DiegoPAUL CARPENTER  
Fourth District, Los AngelesGRAY DAVIS  
Controller, SacramentoCINDY RAMBO  
Executive Director

No. 90/24

March 30, 1990

TO COUNTY ASSESSORS:

WELFARE EXEMPTION -- HOMES FOR THE ELDERLY AND HANDICAPPED  
INCOME STATEMENTS

Section 214(f) of the Revenue and Taxation Code provides that property owned by nonprofit organizations providing housing for low- and moderate-income elderly and handicapped families can qualify for the welfare exemption from property taxes only to the extent that household incomes of families residing therein do not exceed specified limits.

Property which would otherwise be exempt, except that it includes some housing and related facilities for other than low- or moderate-income elderly or handicapped families, shall be entitled to a partial exemption. The partial exemption shall be equal to that percentage of the value of the entire property which is equal to the percentage which the number of qualifying low- and moderate-income elderly and handicapped families occupying the property is of the total number of families occupying the property.

Enclosed are the following forms and procedures to be used in the administration of the income requirements for homes for the elderly and handicapped:

1. The Supplemental Affidavit, Housing - Elderly or Handicapped Families, SBE-ASD AH 267H Income - 1990.

This form must be filed by the claimant, in duplicate, at the same time that its duplicate claims for the welfare exemption are filed with the county assessor. This form has been prescribed by the Board.

2. A copy of the Supplemental Affidavit, referred to above, that includes the family household income limits based upon number of persons in families, to be specifically used for families occupying properties owned by claimants in your county. The set of eight income limits is different for each county. Your affidavit must not be used for filing in another county.
3. A copy of the Family Household Income Limits for 1989 showing the limits based upon number of persons in families for each of the 58 counties.

Section 214 states, "as used in this section, 'low and moderate income' has the same meaning as the term 'persons and families of low or moderate income' as defined by Section 50093 of the Health and Safety Code." Thus, the Family Household Income Limits for 1989 are the "moderate income" limits taken from the Department of Housing and Community Development's Family Eligibility and Affordability Income Limits. Per the Department, such moderate income limits were derived from HUD's income limits and, as you can see, are different for each county. Therefore, depending upon number of persons in families, the combined income(s) of such person(s) cannot exceed the corresponding amounts set forth on the Supplemental Affidavit and Family Household Income Limits for 1989 for your county.

4. A suggested form that you should provide to organizations so that the organization can provide the forms to each family occupying a portion of its property in order to determine if the household income of each family does not exceed the specified limit for the family. The suggested form is titled, "Statement of Family Household Income." The eight income limits, based upon number of persons in families, for your county must be included on each form.

Please note that the form does not ask for the amount of family income, only that the form be signed if family income does not exceed a stated amount.

#### PROCEDURES FOR PROCESSING THE SUPPLEMENTAL AFFIDAVIT,

Housing - Elderly or Handicapped Families,  
SBE-ASD AH 267H, Income - 1990

You must provide a copy of the affidavit to each home for the elderly and/or handicapped or the separate homes, convalescent homes, or other dwellings occupied by such individuals where the organization files for the welfare exemption. A home for the handicapped may include persons who are not elderly such as housing for physically disabled, mentally retarded, nursing homes, sanitariums, etc. The organization will not be allowed the exemption unless the proper information in a completed affidavit, in duplicate, is provided to the assessor, who will forward a copy of the affidavit, along with a copy of the welfare exemption claim, to the Assessment Standards Division, State Board of Equalization, for review under the provisions of Section 254.5, Revenue and Taxation Code.

It is imperative that the assessor provide adequate information and explanation to each claimant organization so the organization can properly complete the affidavit. The assessor should make certain that the income limits provided to the occupants of the homes are exactly the same as the

March 30, 1990

income limits shown on the claimant's affidavit. Though the form to be completed by occupants is NOT prescribed, the assessor may choose to provide copies of the form to the claimant organizations.

The instruction for processing the affidavit by the claimant are included in the following section.

The assessor should determine that an officer or manager of the organization verified that:

- 1) The income limits used on each statement provided to each occupant were correct.
- 2) The correct number of names of family members is entered on each statement completed by an occupant, and that the same number of persons and corresponding income limit are entered on the claimant's affidavit.

As we are now in the new assessment year, advise welfare exemption claimants to file the information requested in this letter as soon as possible.

If you have any questions concerning these procedures, please contact our Exemption Unit at (916) 445-4982.

Sincerely,



Verne Walton, Chief  
Assessment Standards Division

VW:wpc  
Enclosures  
AF-03-2539A

WELFARE EXEMPTION

Supplemental Affidavit

HOUSING - ELDERLY OR HANDICAPPED FAMILIES

ELIGIBILITY BASED ON FAMILY HOUSEHOLD INCOME

(Yearly Filing)

(Read instructions carefully before preparing claim.)

This affidavit is required under the provisions of Sections 251 and 254.5 of the Revenue and Taxation Code for those organizations where the income of the occupants must not exceed certain limits.

This affidavit supplements the claim for welfare exemption and must be filed with the assessor, in duplicate, by \_\_\_\_\_. Failure to complete and file this form is grounds for denial of the exemption.

A. \_\_\_\_\_ states:  
(Name of Person Making Affidavit)

1. that as \_\_\_\_\_  
(Title, such as President, etc.)
2. of the \_\_\_\_\_  
(Corporate or Organization Name)
3. the address of which is \_\_\_\_\_  
(Complete Mailing Address)
4. for the property located at \_\_\_\_\_  
(Address of Property)
5. this affidavit is made in behalf of said organization in support of a claim for exemption for the 19\_\_ - 19\_\_ fiscal year.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Person making Affidavit

\_\_\_\_\_  
Date

THIS AFFIDAVIT IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION

**HOUSING - ELDERLY OR HANDICAPPED FAMILIES**

**ELIGIBILITY BASED ON FAMILY HOUSEHOLD INCOME**

Section 214(f) of the California Revenue and Taxation Code provides that property owned by nonprofit organizations providing housing for low- and moderate-income elderly or handicapped families can qualify for the welfare exemption from property taxes only to the extent that household incomes of families residing therein do not exceed amounts listed below:

<u>No. of Persons in Family</u>	<u>Maximum Income</u>	<u>No. of Persons in Family</u>	<u>Maximum Income</u>	<u>No. of Persons in Family</u>	<u>Maximum Income</u>
1		4		7	
2		5		8	
3		6			

In order to qualify all or a portion of the total property for the exemption, you must have: (1) a signed statement for each family that qualifies (you keep the statement in case of further audit) and (2) you must complete the report below:

**B. LIST OF QUALIFIED FAMILIES**

(Complete or attach list showing desired information,  
use additional sheets if necessary)

<u>Unit Number (Use two lines if there are two families in a unit)</u>	<u>No. of Persons in Family (May be more than one family in unit)</u>	<u>Maximum Income for Family Does Not Exceed</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

**C. RECAP FOR ALL FAMILIES, ELIGIBLE AND INELIGIBLE**

	<u>Example</u>	<u>Actual</u>
1. Total number of families	120	_____
2. Number of qualified families (one for each line filled in above)	110	_____
3. Number of nonqualified families (occupant(s) did not sign statement, refused to report, amount of income is over the limit, or unit was occupied by other than an elderly or handicapped family)	10	_____

**D. Exemption Calculation**

Percentage which the number of low- and moderate-income elderly and handicapped families occupying the property is of the total number of families occupying the property.

110/120    /

Maximum Percentage of Value of Property Eligible for Exemption    91.66%

## WELFARE EXEMPTION

### Instructions for Completion of Supplemental Affidavit

Housing - Elderly or Handicapped Families  
Eligibility Based on Family Household Income  
SBE-ASD AH 267H, Income -1990

Section 214(f) of the Revenue and Taxation Code provides that property owned by nonprofit organizations providing housing for low- and moderate-income elderly or handicapped families can qualify for the welfare exemption from property taxes only to the extent that household incomes of families residing therein do not exceed certain specified limits.

#### INSTRUCTIONS

The claimant (organization) must follow the instructions listed below. The claimant should provide each "family" living on the property with a copy of the attached form titled "Elderly and Handicapped Families - Statement of Family Household Income." The organization's property will not be allowed the exemption unless the proper information in a completed affidavit, in duplicate, is provided to the assessor, who will forward a copy of the affidavit, along with a copy of the welfare exemption claim, to the Assessment Standards Division, State Board of Equalization, for review under the provisions of Section 254.5, Revenue and Taxation Code.

#### Processing of the Affidavit by the Claimant

- A. The claimant (organization) should complete the front of the affidavit; it must be filed, in duplicate, along with the copies of the claim for welfare exemption by the date requested.
- B. The claimant must list on the affidavit the following information for only those elderly and/or handicapped families that qualify:
  - 1) Home address, apartment number, room number, etc. Use two lines if there are two families at the same location, etc.
  - 2) The number of persons claimed to be in the family (one family for each line item).
  - 3) The maximum income limit reported by each family (this figure should agree with the income limit based upon number of persons in the family that is printed on the affidavit).

Note: No reporting by line item is necessary for vacant room (areas), families that did not report, families that may not be elderly or handicapped, or for families whose incomes exceed the applicable income limits.

C. The claimant must complete the Recap section of the affidavit for all families, eligible and ineligible, by entering:

	<u>Example</u>
1) The total number of families.	120
2) The number of <u>qualified</u> families (one for each line item completed in B, above).	110
3) The number of nonqualified families (occupants did not sign statement; refused to report; amount of income, if reported, is over the limit; or unit was occupied by other than an elderly or handicapped family).	10

D. The claimant must complete the Exemption Calculation Percentage and enter the Maximum Percentage of Value of Property Eligible for Exemption on the appropriate line.

The exemption calculation percentage is computed by:

- 1) Enter the number of low- and moderate-income elderly and handicapped families occupying the property, in the example the number is 110.
- 2) Enter the total number of families occupying the property, in the example the number is 120.
- 3) Divide the number in 1 (110) by the number in 2 (120) to obtain the Maximum Percentage of Value of Property Eligible for Exemption:  
 $110/120 = 91.66\%$  (percent).

Note: If a dollar amount is not entered in the upper portion of the second page of the affidavit for each number of persons, 1-8, contact the assessor for the figures which are found in schedule SBE-ASD AH 267H Income Limits, the title of the schedule is Welfare Exemption - Family Household Income Limits for 1989 (to be used for affidavits to be filed in 1990), the amounts are different for each county and they change annually.

Income includes but is not limited to:

- 1) Wages, salaries, fees, tips, bonuses, commissions and other employee compensation.
- 2) Net income from the operation of a business or profession or from rental of real or personal property.
- 3) Interest and dividends.
- 4) Periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or other similar types of periodic receipts.

- 5) Unemployment and disability compensation, workers compensation and severance pay.
- 6) Public assistance exclusive of any amount specified for shelter and utilities.
- 7) Alimony, child support payments and regular contributions or gifts from persons not residing in the dwelling.
- 8) All regular pay, special pay and allowances of a member of the Armed Forces who is head of the family or spouse.

The following items shall not be considered as income:

- 1) Casual, sporadic or irregular gifts.
- 2) Amounts specifically for or in reimbursement of the cost of medical expenses.
- 3) Lump sum additions to family assets such as inheritances, insurance payments (including payments under health and accident insurance and workers' compensation), capital gains and settlement for personal or property losses.
- 4) Amounts of educational scholarships paid directly to the student of educational institution and veteran benefits for costs of tuition, fees, books, and equipment.
- 5) The value of food coupons.
- 6) Payments received from the ACTION Agency, VISTA, Service Learning Programs, Special Volunteer Programs, National Older American Volunteer Program, Retired Senior Volunteer Program, Foster Grandparent Program, Older American Community Services Program, SCORE and ACE.
- 7) Foster Child Care payments.

For a complete listing of income and deductions, see Department of Housing and Community Development Regulations, Section 6914.

(Suggested Family Household Income Reporting Form for 1990)

WELFARE EXEMPTION

ELDERLY OR HANDICAPPED FAMILIES  
(One person or two or more persons)

STATEMENT OF FAMILY HOUSEHOLD INCOME

Promptly sign and file this statement with an officer or the manager of the organization on whose property you reside.

Name(s) of Occupants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address or Unit No.  
(No P.O. Box Nos.) \_\_\_\_\_  
\_\_\_\_\_

If there is more than one person residing in a unit, do you consider yourselves family? Yes  No

If no, report on line 1 the number of persons in your family. EACH NONFAMILY MEMBER MUST COMPLETE A SEPARATE STATEMENT. (See instructions.)

Complete the statement and return it to the manager of the organization that provides the housing.

1. Number of persons in "family household." (See instructions.) \_\_\_\_\_
2. I certify (or declare) under penalty of perjury under the laws of the State of California that the family household income for the prior calendar year, 1989, did not exceed \$ \_\_\_\_\_. (Enter the amount of the income limit, shown below, for the number of persons in family household.)

<u>Number of Persons in Family Household</u>	<u>Income Limit</u>
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$

Date: \_\_\_\_\_, 19\_\_\_\_ Signature: \_\_\_\_\_

(Suggested Family Household Income Reporting Form for 1990)

GENERAL INFORMATION

Section 214(f) of the Revenue and Taxation Code provides that property owned by nonprofit organizations providing housing for low- and moderate-income elderly or handicapped families can qualify for the welfare exemption from property taxes only in the percentage which the number of low- and moderate-income elderly and handicapped families occupying the property is of the total number of families occupying the property.

INSTRUCTIONS

FAMILY HOUSEHOLD INCOME

1. Enter the names of the persons who comprise your "family." Also, enter address or unit number.
2. Enter on line 1 the number of persons who comprise your family.
3. Enter on line 2 the income limit figure for the number of persons shown on line 1.
4. Sign the statement if your combined family income is the same as or less than the income limit.
5. Promptly return the statement to an officer or the manager of the organization on whose property you reside so the organization will have time to complete the form that must be filed with the assessor.

HOUSEHOLD INCOME

Income includes but is not limited to:

- (1) Wages, salaries, fees, tips, bonuses, commissions and other employee compensation.
- (2) Net income from the operation of a business or profession or from rental of real or personal property.
- (3) Interest and dividends.
- (4) Periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or other similar types of periodic receipts.
- (5) Unemployment and disability compensation, workers compensation and severance pay.
- (6) Public assistance exclusive of any amount specified for shelter and utilities.
- (7) Alimony, child support payments and regular contributions or gifts from persons not residing in the dwelling.
- (8) All regular pay, special pay and allowances of a member of the Armed Forces who is head of the family or spouse.

The following items shall not be considered as income:

- (1) Casual, sporadic or irregular gifts.
- (2) Amounts specifically for or in reimbursement of the cost of medical expenses.
- (3) Lump sum additions to family assets such as inheritances, insurance payments (including payments under health and accident insurance and workers' compensation), capital gains and settlement for personal or property losses.
- (4) Amounts of educational scholarships paid directly to the student or to the educational institution and veteran benefits for costs of tuition, fees, books, and equipment.
- (5) The value of food coupons.
- (6) Payments received from the ACTION Agency, VISTA, Service Learning Programs, Special Volunteer Programs, National Older American Volunteer Program, Retired Senior Volunteer Program, Foster Grandparent Program, Older American Community Services Program, SCORE and ACE.
- (7) Foster Child Care payments.

For a complete listing of income and deductions, see Department of Housing and Community Development Regulations, Section 6914.

WELFARE EXEMPTION - MODERATE FAMILY HOUSEHOLD INCOME LIMITS FOR 1989  
(TO BE USED FOR AFFIDAVITS TO BE FILED IN 1990)

COUNTY	NUMBER OF PERSONS IN FAMILY							
	1	2	3	4	5	6	7	8
Alameda	\$37,050	42,350	47,650	52,900	56,250	59,550	62,850	66,150
Alpine	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Amador	25,550	29,200	32,850	36,500	38,750	41,050	43,300	45,600
Butte	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Calaveras	25,300	28,900	32,500	36,100	38,400	40,650	42,900	45,150
Colusa	28,200	32,250	36,300	40,300	42,850	45,350	47,900	50,400
Contra Costa	37,050	42,350	47,650	52,900	56,250	59,550	62,850	66,150
Del Norte	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
El Dorado	31,500	36,000	40,500	45,000	47,800	50,650	53,450	56,250
Fresno	26,800	30,600	34,450	38,300	40,650	43,050	45,450	47,850
Glenn	26,300	30,050	33,800	37,550	39,900	42,250	44,600	46,950
Humboldt	26,650	30,450	34,250	38,050	40,400	42,800	45,150	47,550
Imperial	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Inyo	25,950	29,650	33,350	37,100	39,400	41,700	44,050	46,350
Kern	26,100	29,850	33,600	37,300	39,650	42,000	44,300	46,650
Kings	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Lake	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Lassen	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Los Angeles	32,700	37,350	42,000	46,700	49,600	52,500	55,450	58,350
Madera	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Marin	38,300	43,800	49,250	54,700	58,150	61,550	65,000	68,400
Mariposa	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Mendocino	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Merced	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Modoc	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Mono	28,550	32,650	36,700	40,800	43,350	45,900	48,450	51,000
Monterey	29,750	34,000	38,250	42,500	45,150	47,800	50,450	53,100
Napa	32,700	37,350	42,000	46,700	49,600	52,500	55,450	58,350
Nevada	28,800	32,950	37,050	41,150	43,750	46,300	48,900	51,450
Orange	41,250	47,150	53,050	58,900	62,600	66,300	69,950	73,650
Placer	31,500	36,000	40,500	45,000	47,800	50,650	53,450	56,250
Plumas	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Riverside	28,400	32,450	36,500	40,550	43,100	45,650	48,150	50,700
Sacramento	31,500	36,000	40,500	45,000	47,800	50,650	53,450	56,250
San Benito	26,100	29,850	33,600	37,300	39,650	42,000	44,300	46,650
San Bernardino	28,400	32,450	36,500	40,550	43,100	45,650	48,150	50,700
San Diego	31,850	36,400	40,950	45,500	48,300	51,150	54,000	56,850
San Francisco	38,300	43,800	49,250	54,700	58,150	61,550	65,000	68,400
San Joaquin	27,150	31,000	34,900	38,750	41,200	43,600	46,050	48,450
San Luis Obispo	28,750	32,850	36,950	41,050	43,600	46,150	48,750	51,300
San Mateo	38,300	43,800	49,250	54,700	58,150	61,550	65,000	68,400
Santa Barbara	38,700	44,250	49,800	55,300	58,800	62,250	65,700	69,150
Santa Clara	45,350	51,850	58,300	64,800	68,850	72,900	76,950	81,000
Santa Cruz	33,350	38,100	42,900	47,650	50,600	53,600	56,550	59,550
Shasta	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Sierra	27,900	31,850	35,850	39,850	42,350	44,800	47,300	49,800
Siskiyou	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Solano	32,700	37,350	42,000	46,700	49,600	52,500	55,450	58,350
Sonoma	33,850	38,700	43,500	48,350	51,400	54,400	57,450	60,450
Stanislaus	27,300	31,200	35,100	39,000	41,450	43,900	46,300	48,750
Sutter	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Tehama	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Trinity	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Tulare	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Tuolumne	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100
Ventura	37,950	43,400	48,800	54,250	57,650	61,000	64,400	67,800
Yolo	31,500	36,000	40,500	45,000	47,800	50,650	53,450	56,250
Yuba	24,700	28,200	31,750	35,300	37,500	39,700	41,900	44,100