



STATE BOARD OF EQUALIZATION

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June 27, 1991

TO COUNTY ASSESSORS:

No. 91/50

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 - 1991.

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 1990 showing the limits based upon number of persons in families for each of the 58 counties.

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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 1990 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 1990 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.

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

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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 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

H O U S I N G - E L D E R L Y O R H A N D I C A P P E D F A M I L I E S

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 - 1991

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 1990 (to be used for affidavits to be filed in 1991), 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 1991)

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, 1990, 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 1991)

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 1990
 (TO BE USED FOR AFFIDAVITS TO BE FILED IN 1991)

COUNTY	NUMBER OF PERSONS IN FAMILY							
	1	2	3	4	5	6	7	8
Alameda	\$39,300	44,900	50,550	56,150	60,650	65,150	69,650	74,100
Alpine	28,200	32,250	36,250	40,300	43,500	46,750	49,950	53,200
Amador	28,200	32,250	36,250	40,300	43,500	46,750	49,950	53,200
Butte	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Calaveras	28,200	32,250	36,250	40,300	43,500	46,750	49,950	53,200
Colusa	31,100	35,500	39,950	44,400	47,950	51,500	55,050	58,600
Contra Costa	39,300	44,900	50,550	56,150	60,650	65,150	69,650	74,100
Del Norte	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
El Dorado	33,350	38,100	42,900	47,650	51,450	55,250	59,100	62,900
Fresno	28,050	32,100	36,100	40,100	43,300	46,500	49,700	52,950
Glenn	28,900	33,050	37,150	41,300	44,600	47,900	51,200	54,500
Humboldt	27,050	30,900	34,800	38,650	41,750	44,850	47,950	51,000
Imperial	26,700	30,500	34,350	38,150	41,200	44,250	47,300	50,350
Inyo	28,200	32,250	36,250	40,300	43,500	46,750	49,950	53,200
Kern	28,200	32,250	36,250	40,300	43,500	46,750	49,950	53,200
Kings	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Lake	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Lassen	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Los Angeles	36,550	41,750	47,000	52,200	56,400	60,550	64,750	68,900
Madera	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Marin	41,950	47,900	53,900	59,900	64,700	69,500	74,300	79,050
Mariposa	28,200	32,250	36,250	40,300	43,500	46,750	49,950	53,200
Mendocino	27,900	31,900	35,850	39,850	43,050	46,250	49,400	52,600
Merced	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Modoc	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Mono	30,650	35,050	39,400	43,800	47,300	50,800	54,300	57,800
Monterey	31,900	36,500	41,050	45,600	49,250	52,900	56,550	60,200
Napa	35,450	40,500	45,600	50,650	54,700	58,750	62,800	66,850
Nevada	31,700	36,200	40,750	45,250	48,850	52,500	56,100	59,750
Orange	43,850	50,100	56,400	62,650	67,650	72,650	77,700	82,700
Placer	33,350	38,100	42,900	47,650	51,450	55,250	59,100	62,900
Plumas	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Riverside	30,250	34,550	38,900	43,200	46,650	50,100	53,550	57,000
Sacramento	33,350	38,100	42,900	47,650	51,450	55,250	59,100	62,900
San Benito	27,550	31,500	35,400	39,350	42,500	45,650	48,800	51,950
San Bernardino	30,250	34,550	38,900	43,200	46,650	50,100	53,550	57,000
San Diego	34,700	39,650	44,600	49,550	53,500	57,500	61,450	65,400
San Francisco	41,950	47,900	53,900	59,900	64,700	69,500	74,300	79,050
San Joaquin	28,550	32,650	36,700	40,800	44,050	47,350	50,600	53,850
San Luis Obispo	32,000	36,550	41,150	45,700	49,350	53,000	56,650	60,300
San Mateo	41,950	47,900	53,900	59,900	64,700	69,500	74,300	79,050
Santa Barbara	40,750	46,550	52,400	58,200	62,850	67,500	72,150	76,800
Santa Clara	48,500	55,400	62,350	69,250	74,800	80,350	85,850	91,400
Santa Cruz	39,900	45,600	51,300	57,000	61,550	66,100	70,700	75,250
Shasta	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Sierra	31,700	36,200	40,750	45,250	48,850	52,500	56,100	59,750
Siskiyou	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Solano	35,450	40,500	45,600	50,650	54,700	58,750	62,800	66,850
Sonoma	36,050	41,200	46,350	51,500	55,600	59,750	63,850	68,000
Stanislaus	29,000	33,100	37,250	41,400	44,700	48,000	51,350	54,650
Sutter	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Tehama	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Trinity	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Tulare	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750
Tuolumne	28,200	32,250	36,250	40,300	43,500	46,750	49,950	53,200
Ventura	40,650	46,500	52,300	58,100	62,750	67,400	72,050	76,700
Yolo	33,350	38,100	42,900	47,650	51,450	55,250	59,100	62,900
Yuba	26,400	30,150	33,950	37,700	40,700	43,750	46,750	49,750