



ASSESSOR'S OFFICE

Douglas Harms, Assessor

1010 Tenth Street, Suite 2400 • Modesto, CA 95354
Phone: (209) 525-6461 • Fax: (209) 525-6586

2009

**WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT,
HOUSING — ELDERLY OR HANDICAPPED FAMILIES
ELIGIBILITY BASED ON FAMILY HOUSEHOLD INCOME
(Yearly Filing)**

Carefully read and follow the accompanying instructions before preparing claim.

This affidavit is required under the provisions of sections 214(f), 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 by February 15. **Unless this form is completed and filed, the exemption cannot be granted.**

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 keeps the completed, signed statements in case of further audit.) The organization's property will not be allowed the exemption unless the proper information in a completed affidavit is provided to the Assessor.

_____ states:
(name of person making affidavit)

1. That as _____
(title, such as president, etc.)

2. of the _____ ;
(corporate or organization name)

3. the mailing address of which is _____ ;
(complete mailing address including zip code)

4. for the property located at _____ ,
(address of property including zip code)

5. this affidavit is submitted on behalf of the above organization in support of a claim for exemption for the 20 ____ – 20 ____ fiscal year.

CERTIFICATION

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 	TITLE	DATE
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THIS AFFIDAVIT IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.

A. 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 there do not exceed amounts listed below:

NO. OF PERSONS IN FAMILY	MAXIMUM INCOME	NO. OF PERSONS IN FAMILY	MAXIMUM INCOME	NO. OF PERSONS IN FAMILY	MAXIMUM INCOME
1		4		7	
2		5		8	
3		6			

NOTE: If a dollar amount is not entered for each number of persons, contact the Assessor for the figures. The amounts are different for each county and they change annually.

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 for **only** those households that qualify; use additional sheets if necessary.

ADDRESS / UNIT NUMBER (use two lines if there are two families in a unit)	NO. OF PERSONS IN FAMILY (may be more than one family in unit)	MAXIMUM INCOME FOR FAMILY DOES NOT EXCEED
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

C. RECAP FOR ALL FAMILIES, ELIGIBLE AND INELIGIBLE

	EXAMPLE	ACTUAL
1. Number of qualified families (one for each line filled in above)	110	
2. 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	
3. Total number of families	120	

D. EXEMPTION CALCULATION

	EXAMPLE	ACTUAL
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%	



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**ELDERLY OR HANDICAPPED FAMILIES
 STATEMENT OF FAMILY HOUSEHOLD INCOME
 (SUGGESTED FAMILY HOUSEHOLD INCOME
 REPORTING FORM)**

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 for those units whose family household income does not exceed the limits stated here.

Promptly complete, sign and return this statement to the manager of the organization that provides the housing so the organization will have time to complete the form that must be filed with the Assessor.

ADDRESS OR UNIT NUMBER (no p.o. box numbers)

NAME(S) OF OCCUPANTS	NUMBER OF PERSONS IN FAMILY HOUSEHOLD	INCOME LIMIT
	1	\$
	2	\$
	3	\$
	4	\$
	5	\$
	6	\$
	7	\$
	8	\$

If there is more than one person residing in a unit, do you consider yourselves a 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.)

1. Number of persons in family household _____

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 did not exceed \$ _____. (Enter the amount of the income limit shown for the number of persons in family household.)

SIGNATURE	TITLE	DATE
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SUGGESTED FAMILY HOUSEHOLD INCOME REPORTING FORM

INSTRUCTIONS

1. Enter your address and/or unit number and the names of the persons who comprise your family.
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.

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.