EF-267-R-R08-0516-11000525-1 BOE-267-R (P1) REV. 08 (05-16)



Sendy Perez Assessor

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WELFARE EXEMPTION SUPPLEMENTAL AFFIDA	/
REHABILITATION — LIVING QUARTERS	

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 Exemption (Annual Filing	a)	
	9)	
Section 1. Identification of Applicant		
Name of Organization		
Mailing Address (number and street)		Corporate ID or LLC Number
City, State, Zip Code		
Organizational Clearance Certificate (OCC) No an OCC, have you filed a claim for an OCC with the BOE?	(Provide copy of certi	ficate with this claim if first filing). If you do not have
☐ Yes ☐ No	_	
If No, see instructions for information on obtaining an OCC claim f	form.	
Section 2. Identification of Property		
Address of property (number and street)		
City, County, Zip Code		Date Property Acquired
a separate attachment. A. Facility Information 1. Number of hours per week the facility is operated: Total number of pers 2. Persons being rehabilitated. Full-time: Identify the number of persons being rehabilitated based on Less than 6 months: 3. Staff and/or others. Full-time: Part-time: B. Total number employed off the premises, but in the open	the length of employment: 1 year - 2 years:	Longer than 2 years: (list by number of years)
Identify the number of persons being rehabilitated based on Less than 6 months: 6 months - 1 year: 2. Staff and/or others. Full-time: Part-time: C. Total number of hours worked during the time period in 1. Persons being rehabilitated.	1 year - 2 years:	(list by number of years)
2. Staff and/or others.	sons involved:	
FOR ASSESSOR'S USE ONLY Received by	Whom should we contact during normal business hours for additional information?	
of on		
(county or city) (date)	DAYTIME TELEPHONE ()	EMAIL ADDRESS

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



D. Salaries and wages paid during the	time period included in the financial statements that accomp	pany the claim.		
Persons being rehabilitated.				
Salaries and wages:	Number of persons involved:			
Staff and/or others. Salaries and wages:	Number of persons involved:			
• =====	or entity other than the organization filing this claim operate t	he facility?		
☐ Yes ☐ No If YES, provide th	ne operator's name and mailing address:			
	Attach a copy of the contract or other document that indicat	tes the basis for the salary or fee.		
	ilitated and/or living quarters for staff provided? ne necessity and complete section 4, Housing - Living Quarters.			
Section 4. Housing — Living Quarters				
	housed on the premises the last night in December. Include pe	ersons who may be temporarily away.		
1. Total number of persons				
	beds available for persons to be rehabilitated			
	rs necessary to care for those persons being rehabilitated.			
	the jobs performed and the number of persons involved.			
4. Number of other staff me	embers			
5. Number of other person	s who are not directly connected with the rehabilitation program			
B. Length of stay of persons being rehabilitated who were housed on the premises the last night in December. 1. Number of persons				
less than 6 months				
6 months - 1 year				
1 year - 2 years				
2 years or longer (list by	number of years)			
	agree with the total given above for persons being rehabilitated.			
C. Do persons being rehabilitated pay	, donate, or perform fund producing work for their room and			
☐ Yes ☐ No If YES, indicate w	which and explain in sufficient detail to determine the monthly fee per p	person.		
	se being rehabilitated pay, donate, or perform work for their r	oom and/or board in lieu of, or		
from, their salary?	No If YES , indicate which and explain in sufficient detail to dete	ermine the monthly fee per person.		
E Do other staff members now denote	e, or perform work for their room and/or board in lieu of, or fro	om their calany?		
	which and explain in sufficient detail to determine the monthly fee per p			
	,,			
board? Yes	 nnected with the rehabilitation program pay, donate, or performance No If YES, indicate which and explain in sufficient detail to determine the program of the p			
	in 123, indicate which and explain in sufficient detail to detail	ennine the monthly lee per person.		
CERTIFICATION				
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.				
NAME	TITLE	DATE		
SIGNATURE				



INSTRUCTIONS FOR FILING WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT REHABILITATION – LIVING QUARTERS

FILING OF AFFIDAVIT

This affidavit is required under the provisions of sections 251 and 254.5 of the Revenue and Taxation code and must be filed when seeking exemption on property that involves rehabilitation of persons and/or living quarters. A separate affidavit must be filed for each location. This affidavit supplements the claim for welfare exemption and must be filed with the county assessor by February 15 to avoid a late filing penalty under section 270. If you do not complete and file this form, you may be denied the exemption.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

SECTION 1. Identification of Applicant.

Identify the name of the organization seeking exemption on the property, corporate identification number (or limited liability number if the organization is a limited liability company), and mailing address.

SECTION 2. Identification of Property.

Identify the location of the property, county in which the property is located, and the date the property was acquired by the organization.

SECTION 3. Rehabilitation: Thrift Shop, Workshop, Manufacturing, or Similar Activities.

Provide a copy of the organization's formal rehabilitation program or describe the rehabilitation program and activities in detail on a separate sheet of paper. As requested in this section of the claim form, provide information on persons being rehabilitated and staff (and/or others) at the store or other facility for which you are claiming exemption.

SECTION 4. Housing – Living Quarters.

Complete this section of the claim form if the organization provides housing for the persons being rehabilitated and/or the organization provides living quarters for staff. As requested in this section, provide information on persons who are housed by the organization on the premises and if those persons housed pay, donate, or perform work for their room and/or board.

OBTAINING CLAIM FORMS FROM THE STATE BOARD OF EQUALIZATION

Claim form BOE-277, *Claim for Organizational Clearance Certificate – Welfare Exemption*, is available on the Board's website (www.boe.ca.gov) or you may request the form by contacting the Exemptions Section at 916-274-3430.

