EF-267-R-R07-0611-48000704-1 BOE-267-R (P1) REV. 07 (06-11)

# WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, REHABILITATION — LIVING QUARTERS



# Marc C. Tonnesen Solano County Assessor/Recorder

675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.com

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 Filin	g)	
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 c	ertificate with this claim if first filing). If you do not have
Yes No	-	
If No, see instructions for information on obtaining an OCC claim	form.	
Section 2. Identification of Property		
Address of property (number and street)		
City, County, Zip Code		Date Property Acquired
Section 3. Rehabilitation		
Provide a copy of the organization's formal rehabilitation prog	gram, or describe the rehabilitat	ion program and activities in detail on a separate
attachment.		
A. Thrift shop, workshop, manufacturing, or similar activi	ties.	
Number of hours per week the facility is operated:		
	sons employed on the premises or	n January 1.
Persons being rehabilitated. Full-time: Part     Identify the number of persons being rehabilitated based on		
Less than 6 months: 6 months - 1 year:	. ,	Longer than 2 years:
		(list by number of years)
3. Staff and/or others. Full-time: Part-time:		
B. Total number employed off the premises, but in the op-	•	nuary 1.
1. Persons being rehabilitated. Full-time: Part		
Identify the number of persons being rehabilitated based on Less than 6 months: 6 months - 1 year:		Longer than 2 years:
Less than o months o months - 1 year	1 year - 2 years	(list by number of years)
2. Staff and/or others. Full-time: Part-time:		
C. Total number of hours worked during the time period in	ncluded in the financial staten	nents that accompany the claim.
Persons being rehabilitated.     Number of hours worked: Number of per	sons involved:	
Staff and/or others.     Number of hours worked:	sons involved:	
FOR ASSESSOR'S USE ONLY		
TOTAGGEGGGT O OUE OTHER	1	we contact during normal business
Received by	hours	for additional information?
(Assessor's designee)	NAME	
of on (date)	DAYTIME TELEPHONE	EMAIL ADDRESS
()	( )	EINIAIL ADDRESS

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



Salaries	being rehabilitated. and wages:	Number of persons involved:	
	d/or others.	Number of persons involved:	
	and wages: erson, management firm.	or entity other than the organization filing this claim operate the facility?	
☐ Yes	· · · · · · · · · · · · · · · · · · ·	the operator's name and mailing address:	
_			
Amount of	salary or fee: \$	Attach a copy of the contract or other document that indicates the basis fo	r the salary or fee.
F. Is housing		bilitated and/or living quarters for staff provided?	
Yes	•	the necessity and complete section 4, Housing - Living Quarters.	
	ousing — Living Quarter		
A. Total nun		e housed on the premises the last night in December. Include persons who ma	y be temporarily away. -
	Total number of person	<u> </u>	=
	Number of unoccupied	d beds available for persons to be rehabilitated	_
		ers necessary to care for those persons being rehabilitated.  If the jobs performed and the number of persons involved.	_
	4. Number of other staff	members	_
	5. Number of other person	ons who are not directly connected with the rehabilitation program	
B. Length of	f stay of persons being r 1. Number of persons	ehabilitated who were housed on the premises the last night in December.	
	less than 6 months		_
	6 months - 1 year		_
	1 year - 2 years		-
			_
		hy number of years)	
	2. Total. This figure must	agree with the total given above for persons being rehabilitated.  by, donate, or perform fund producing work for their room and board?  which and explain in sufficient detail to determine the monthly fee per person	-
C. Do perso ☐ Yes	2. Total. This figure must	agree with the total given above for persons being rehabilitated.	-
☐ Ýes	2. Total. This figure must ns being rehabilitated pa No If YES, indicate	agree with the total given above for persons being rehabilitated.  y, donate, or perform fund producing work for their room and board?	
☐ Yes  D. Do staff r from, the	2. Total. This figure must  ns being rehabilitated pa  No If YES, indicate  nembers who care for the ir salary? Yes  staff members pay, dona	agree with the total given above for persons being rehabilitated.  Ny, donate, or perform fund producing work for their room and board?  which and explain in sufficient detail to determine the monthly fee per person.  Ose being rehabilitated pay, donate, or perform work for their room and/or be	nthly fee per person.
<ul><li>☐ Yes</li><li>D. Do staff r from, the</li><li>E. Do other</li><li>☐ Yes</li></ul>	2. Total. This figure must ns being rehabilitated pa No If YES, indicate members who care for th ir salary? Yes  staff members pay, dona No If YES, indicate	agree with the total given above for persons being rehabilitated.  Ny, donate, or perform fund producing work for their room and board?  which and explain in sufficient detail to determine the monthly fee per person.  Ose being rehabilitated pay, donate, or perform work for their room and/or board in lif YES, indicate which and explain in sufficient detail to determine the monthly fee per person.	nthly fee per person.  Try?  their room and/or
<ul><li>☐ Yes</li><li>D. Do staff r from, the</li><li>E. Do other</li><li>☐ Yes</li><li>F. Do the other</li></ul>	2. Total. This figure must ns being rehabilitated pa No If YES, indicate nembers who care for th ir salary? Yes staff members pay, dona No If YES, indicate	agree with the total given above for persons being rehabilitated.  Ny, donate, or perform fund producing work for their room and board?  which and explain in sufficient detail to determine the monthly fee per person.  Ose being rehabilitated pay, donate, or perform work for their room and/or board in lieu of, or from, their sala which and explain in sufficient detail to determine the monthly fee per person.  Ite, or perform work for their room and/or board in lieu of, or from, their sala which and explain in sufficient detail to determine the monthly fee per person.	nthly fee per person.  Try?  their room and/or
□ Yes  D. Do staff r from, the  E. Do other □ Yes  F. Do the other board?	2. Total. This figure must ns being rehabilitated pa No If YES, indicate  members who care for th ir salary? Yes  staff members pay, dona No If YES, indicate  mer persons not directly and yes  declare) under penalty of per	agree with the total given above for persons being rehabilitated.  All the strain of t	their room and/or nthly fee per person.
□ Yes  D. Do staff r from, the  E. Do other □ Yes  F. Do the other board?	2. Total. This figure must ns being rehabilitated pa No If YES, indicate  members who care for th ir salary? Yes  staff members pay, dona No If YES, indicate  mer persons not directly and yes  declare) under penalty of per	agree with the total given above for persons being rehabilitated.  Ny, donate, or perform fund producing work for their room and board?  which and explain in sufficient detail to determine the monthly fee per person.  Ose being rehabilitated pay, donate, or perform work for their room and/or board in If YES, indicate which and explain in sufficient detail to determine the more than the explain in sufficient detail to determine the monthly fee per person.  It is a perform work for their room and/or board in lieu of, or from, their salar which and explain in sufficient detail to determine the monthly fee per person.  Connected with the rehabilitation program pay, donate, or perform work for lieu of the indicate which and explain in sufficient detail to determine the more lieu of the indicate which and explain in sufficient detail to determine the more lieu of the indicate which and explain in sufficient detail to determine the more lieu of the indicate which and explain in sufficient detail to determine the more lieu of the indicate which and explain in sufficient detail to determine the more lieu of the indicate which and explain in sufficient detail to determine the more lieu of the indicate which and explain in sufficient detail to determine the more lieu of the indicate which and explain in sufficient detail to determine the more lieu of the indicate which are lieu of th	their room and/or nthly fee per person.



# 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.

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.

