EF-267-R-R09-0521-49000243-1 BOE-267-R (P1) REV. 09 (05-21)

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, REHABILITATION — LIVING QUARTERS



Deva Marie Proto Sonoma County Clerk-Recorder-Assessor

Rm 104 Fiscal Bldg 585 Fiscal Dr. Santa Rosa, CA 95403-2872 TELEPHONE: (707) 565-1881 FAX: (707) 565-3317

(list by number of years)

This claim is filed for fiscal year 20 — 20	1700 (101) 000 0011		
This is a Supplemental Affidavit filed with			
☐ BOE-267, Claim for Welfare Exemption (First Filing)			
☐ BOE-267-A, Claim for Welfare Exemption (Annual Filing)			
Section 1. Identification of Applicant			
Name of Organization			
Mailing Address (number and street)	Corporate ID or LLC Number		
City, State, Zip Code	<u> </u>		
Organizational Clearance Certificate (OCC) No(Fan OCC, have you filed a claim for an OCC with the BOE?	Provide copy of certificate 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)	Assessor's Parcel/Assessment Number(s)		
City, County, Zip Code	Date Property Acquired		
Section 3. Rehabilitation: Thrift shop, workshop, manufacturing, or simil			
Provide a copy of the organization's formal rehabilitation program, or describe attachment.	pe the rehabilitation program and activities in detail on a separate		
A. Facility Information.			
Number of hours per week the facility is operated:			
Total number of persons employed on	the premises on January 1.		
Persons being rehabilitated. Full-time: Part-time: ldentify the number of persons being rehabilitated based on the length of empty.			
Less than 6 months: 6 months - 1 year: 1 year - 2	•		
	(list by number of years)		
3. Staff and/or others. Full-time: Part-time:			

2. Staff and/or others. Full-time:	Part-time:
C. Total number of hours worked during	the time period included in the financial statements that accompany the claim.
Persons being rehabilitated. Number of hours worked:	Number of persons involved:
Staff and/or others. Number of hours worked:	Number of persons involved:

Less than 6 months: _____ 6 months - 1 year: ____ 1 year - 2 years: ____ Longer than 2 years: _

B. Total number employed off the premises, but in the operations of the facility as of January 1.

Identify the number of persons being rehabilitated based on the length of employment:

FOR ASSESSOR'S USE ONLY	Whom should we contact during normal business hours for additional information?	
of on		
	NAME	
	DAYTIME TELEPHONE ()	EMAIL ADDRESS

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1. Persons being rehabilitated. Full-time: Part-time:

D. Salaries a	nd wages paid during the time	period included in the financial	statements that accompany t	the claim.		
	Persons being rehabilitated. Salaries and wages: Number of persons involved:					
2. Staff and Salaries	or others. and wages:	Number of persons involved:				
E. Does a per	_	ity other than the organization fi rator's name and mailing address:	ling this claim operate the fac	cility?		
Amount of s	alary or fee: \$	Attach a copy of the contract or	other document that indicates the	e basis for the salary or fee.		
F. Is housing	for persons being rehabilitate	d and/or living quarters for staff	provided?			
☐ Yes	☐ No If YES , explain the nec	essity and complete section 4, House	ing - Living Quarters.			
Section 4. Ho	ousing — Living Quarters					
A. Total num	ber of persons who were hous	ed on the premises the last nigh	t in December. Include persons	s who may be temporarily away.		
	Total number of persons being	g rehabilitated				
	2. Number of unoccupied beds a	vailable for persons to be rehabilitate	ed			
		essary to care for those persons beings performed and the number of pers	9			
	4. Number of other staff member	rs .				
	5. Number of other persons who	are not directly connected with the r	ehabilitation program			
B. Length of	stay of persons being rehabiling 1. Number of persons	tated who were housed on the p	remises the last night in Dece	ember.		
	less than 6 months					
	6 months - 1 year					
	1 year - 2 years					
	2 years or longer (list by numb	per of years)				
	2. Total. This figure must agree v	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 board? Yes No If YES, indicate which and explain in sufficient detail to determine the monthly fee per person.						
 D. Do staff members who care for those being rehabilitated pay, donate, or perform work for their room and/or board in lieu of, or from, their salary? Yes No If YES, indicate which and explain in sufficient detail to determine the monthly fee per person. 						
E. Do other staff members pay, donate, or perform work for their room and/or board in lieu of, or from, their salary? Yes No If YES, indicate which and explain in sufficient detail to determine the monthly fee per person.						
F. Do the oth board?	_	eted with the rehabilitation progrand explain in sufficient detail to dete				
CERTIFICATION						
		ler the laws of the State of California or documents, is true, correct, and c	omplete to the best of my knowle	dge 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. Also identify the assessor's parcel number or assessment number of the property.

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 (BOE)

Claim form BOE-277, *Claim for Organizational Clearance Certificate – Welfare Exemption*, is available on the BOE's website (www.boe.ca.gov) or you may request the form by contacting the Welfare Exemption Section at 1-916-274-3430.

