EF-267-R-R09-0521-39000156-1 BOE-267-R (P1) REV. 09 (05-21)

WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT **REHABILITATION — LIVING QUARTERS**



Steve J. Bestolarides **Assessor-Recorder-County Clerk**

San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Exemptions: (209) 468-2646 https://www.sjgov.org/department/assessor

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| This claim is filed for fiscal year 20 — 20 | _ | https://www.sjgov.org/department/assessor | | |
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| This is a Supplemental Affidavit filed with | | | | |
| ☐ BOE-267, Claim for Welfare Exemption (Fire | st Filing) | | | |
| ☐ BOE-267-A, Claim for Welfare Exemption (A | Annual Filing) | | | |
| Section 1. Identification of Applicant | | | | |
| Name of Organization | | | | |
| Mailing Address (number and street) | | Co | orporate 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 B | | 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) | | As | ssessor's Parcel/Assessment Number(s) | |
| City, County, Zip Code | | Da | ate Property Acquired | |
| Persons being rehabilitated. Full-time: Identify the number of persons being rehabilitate | nber of persons employed on Part-time: d based on the length of emp | ployment: | | |
| Less than 6 months: 6 months - 1 | year: 1 year - 2 | | | |
| 3. Staff and/or others. Full-time: Pa | rt-time: | | (list by number of years) | |
| B. Total number employed off the premises, but | in the operations of the | facility as of January 1. | | |
| Persons being rehabilitated. Full-time: | Part-time: | | | |
| Identify the number of persons being rehabilitate | | | | |
| Less than 6 months: 6 months - 1 | year: 1 year - 2 | | | |
| 2. Staff and/or others. Full-time: Pa | rt-time: | | (list by number of years) | |
| C. Total number of hours worked during the tim | e period included in the f | inancial statements that a | ccompany the claim. | |
| Persons being rehabilitated. Number of hours worked: Nu | mber of persons involved: _ | | | |
| Staff and/or others. Number of hours worked: Nu | mber of persons involved: _ | | | |
| FOR ASSESSOR'S USE ONLY | | Whom should we contact during normal business | | |
| Received by | | hours for additional information? | | |
| (Assessor's designee) of on | NAME | | | |
| (county or city) (date) | DAYTIME TELEPHOI | JE | EMAIL ADDRESS | |

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| D. Salaries a | nd wages paid during the time | period included in the financial | statements that accompany t | the claim. | | |
|--|---|--|-----------------------------------|--------------------------------|--|--|
| | peing rehabilitated. and wages: | Number of persons involved: | | | | |
| 2. Staff and/ Salaries a | 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 necessity | essity and complete section 4, House | ng - Living Quarters. | | | |
| Section 4. Ho | ousing — Living Quarters | | | | | |
| A. Total numi | ber of persons who were hous | ed on the premises the last nigh | t in December. Include persons | s who may be temporarily away. | | |
| | 1. Total number of persons being | ı rehabilitated | | | | |
| | 2. Number of unoccupied beds a | vailable for persons to be rehabilitate | ed | | | |
| | | essary to care for those persons being sperformed and the number of pers | 9 | | | |
| | 4. Number of other staff member | S | | | | |
| | 5. Number of other persons who | are not directly connected with the r | ehabilitation program | | | |
| B. Length of | stay of persons being rehabilit 1. Number of persons | ated 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 | vith 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 m from, their | salary? | ing rehabilitated pay, donate, or | - | | | |
| E. Do other s | | perform work for their room and/ and explain in sufficient detail to dete | | - | | |
| F. Do the other board? | _ | ted 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.

