EF-267-R-R08-0516-51000827-1 BOE-267-R (P1) REV. 08 (05-16)

# WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, REHABILITATION — LIVING QUARTERS



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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	a)				
BOC-207-A, Claim for Wellare Exemption (Almuai Film	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 c	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)					
City, County, Zip Code		Date Property Acquired			
Section 3. Rehabilitation: Thrift Shop, Workshop, Manufac	cturing or Similar Activities				
Provide a copy of the organization's formal rehabilitation		habilitation program and activities in detail on			
a separate attachment.	,				
A. Facility Information					
Number of hours per week the facility is operated:					
	sons employed on the premises of	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:					
3. Staff and/or others. Full-time: Part-time:		(list by number of years)			
B. Total number employed off the premises, but in the op-	erations of the facility as of Ja	anuary 1.			
1. Persons being rehabilitated. Full-time: Part	-time:				
Identify the number of persons being rehabilitated based on					
Less than 6 months: 6 months - 1 year:	1 year - 2 years:	Longer than 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 i	ncluded in the financial stater	ments that accompany the claim.			
Persons being rehabilitated.     Number of hours worked: Number of per	sons involved:				
Staff and/or others.     Number of hours worked:      Number of per	rsons involved:				
FOR ASSESSOR'S USE ONLY	NA/In a control of a control				
	Whom should we contact during normal business hours for additional information?				
Received by					
, , , , , , , , , , , , , , , , , , ,	NAME				
of on (county or city) (date)	DAYTIME TELEPHONE	EMAIL ADDRESS			

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D. Salaries a	nd wages paid during the time p	eriod included in the financia	I statements that accompan	y the claim.		
	peing rehabilitated.					
Salaries a	and wages:	Number of persons involved:				
2. Staff and/or others.						
Salaries and wages: Number of persons involved:  E. Does a person, management firm, or entity other than the organization filing this claim operate the facility?						
☐ Yes ☐ No If YES, provide 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 for the salary or fee.						
F. Is housing for persons being rehabilitated and/or living quarters for staff provided?						
Yes No If YES, explain the necessity and complete section 4, Housing - Living Quarters.  Section 4. Housing — Living Quarters						
	per of persons who were house	d on the premises the last nice	ht in December Include nerse	one who may be temporarily away		
A. Total fluill			iii iii December. maade perso	The temporarily away.		
	Total number of persons being r     Number of persons being r		4 a d	<del> </del>		
	2. Number of unoccupied beds ava	•		<u> </u>		
	Number of staff members neces     Attach a list describing the jobs	ssary to care for those persons be performed and the number of per				
	4. Number of other staff members					
	5. Number of other persons who a	re 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 numbe	r of years)				
	2. Total. This figure must agree wit	th the total given above for person	s being rehabilitated.			
C. Do person  Yes	s being rehabilitated pay, donat  No If YES, indicate which an					
D. Do staff m from, their	embers who care for those bein salary?		r perform work for their roor lain in sufficient detail to determ			
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?	er persons not directly connecte		ram pay, donate, or perform lain in sufficient detail to determ			
		CERTIFICATIO	N			
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						
NAME	any accompanying statements or	r documents, is true, correct, and	complete to the best of my know	/ledge and belief.		
INVIAIT			IIILL	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.

