EF-267-R-R08-0516-03000302-1 BOE-267-R (P1) REV. 08 (05-16)

# WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, REHABILITATION — LIVING QUARTERS



# James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

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)	Со	rporate ID or LLC Number
City, State, Zip Code	010	
Organizational Clearance Certificate (OCC) Noan OCC, have you filed a claim for an OCC with the BOE?  Yes No	0/0	his claim if <mark>firs</mark> t fil <mark>ing</mark> ). If you do not have
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		te Property Acquired
Section 3. Rehabilitation: Thrift Shop, Workshop, Manufacture		
Provide a copy of the organization's formal rehabilitation a separate attachment.	program, or describe the rehabilitation p	orogram and activities in detail on
A. Facility Information		
2. Persons being rehabilitated. Full-time: Part 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)
3. Staff and/or others. Full-time: Part-time:		
B. Total number employed off the premises, but in the open serior of the premises of the premi	time:the length of employment:Longer: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 in 1. Persons being rehabilitated.  Number of hours worked: Number of per 2. Staff and/or others.	ncluded in the financial statements that ac	ccompany the claim.
	sons involved: ———	
FOR ASSESSOR'S USE ONLY	Whom should we contact do	_
Received by(Assessor's designee)	NAME	
of on		
(county or city) (date)	DAYTIME TELEPHONE  ( )	EMAIL ADDRESS

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



of persons involved:
nan the organization filing this claim operate the facility?  e and mailing address:  a copy of the contract or other document that indicates the basis for the salary or fee.  ving quarters for staff provided?  complete section 4, Housing - Living Quarters.  premises the last night in December. Include persons who may be temporarily away  ed  persons to be rehabilitated  are for those persons being rehabilitated. d and the number of persons involved.  ectly connected with the rehabilitation program  were housed on the premises the last night in December.
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ork for their room and/or board in lieu of, or from, their salary? in sufficient detail to determine the monthly fee per person.
he rehabilitation program pay, donate, or perform work for their room and/or
, indicate which and explain in sufficient detail to determine the monthly fee per person.
CERTIFICATION
of the State of California that the foregoing and all information contained herein, including
nts, is true, correct, and complete to the best of my knowledge and belief.    TITLE   DATE



## 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.

