WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT, REHABILITATION — LIVING QUARTERS

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 Filing)

Section 1. Identification of Applicant

an OCC, have you filed claim for an OCC with the BOE? Yes No Kosee instructions for information or obtaining an OCC claim form. Section 2. Identification of Property Address of property (number and sited) Assessor's Parcel/Assessment Number City, County, Zip Code Date Property Acquired 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 sepe attachment. A Facility Information. 1. Number of hours per week the facility is operated: Less than 6 months: 6 months - 1 year. 9 Part-time: 1 year - 2 years: 1 (list by number of years) 3. Staff and/or others. Full-time: 9 Part-time: 1 year - 2 years: 1 (list by number of years) 2. Staff and/or others. 1. Number of hours worked during the time period included in the financial statements that accompany the claim. 1. Persons being rehabilited. 2. Staff and/or others. 2. Staff and/or others. 3. Staff and/or others. 4. Facility in on the second of persons involved: 2. Staff and/or others. 5. Cotal number of persons involved: 2. Staff and/or others. 5. Mumber of hours worked during the time period included in the financial statements that accompany the claim. 1. Persons being rehabilited. 3. Number of hours worked during the time period included in the financial statements that accompany the claim. 1. Persons being rehabilited. 3. Staff and/or others. 3. Staff and/or others. 4. Part-time: 5. Cotal number of persons involved: 5. Number of hours worked in the persons involved: 5. Number of hours worked in the persons involved: 5. Staff and/or others. 5. Number of persons involved: 5. Staff and/or others. 5. Number of persons involved: 5. Staff and/or others. 5. Number of persons involved: 5. Staff and/or others. 5. Number of persons involved: 5. Staff and/or others. 5. Number of hours worked include the person involved: 5. St	Name of Organization	
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Kaenan Whitman Tuolumne County Assessor - Recorder

2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674 Email: assessor@tuolumnecounty.ca.gov

D. Salaries and wages paid during the time period included in the financ	cial statements that accompany the claim.
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- - 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

A. Total number of persons who were housed on the premises the last night in December. Include persons who may be temporarily away.

- 1. Total number of persons being rehabilitated
- 2. Number of unoccupied beds available for persons to be rehabilitated

 3. Number of staff members necessary to care for those persons being rehabilitated.

 Attach a list describing the jobs performed and the number of persons involved.
- 4. Number of other staff members
- 5. Number of other persons who are 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 number of years)	

- 2. Total. This figure must agree 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 INO 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 othe	er persons not dire	ctly connected with th	e rehabilitation pro	gram pay, donate,	or perform work fo	or their room and/or
board?						

Yes No If YES, indicate which and explain in sufficient detail to determine the monthly fee per person.

CERTIFICATION

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 any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

TITLE NAME 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.

