

**WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT,
ORGANIZATIONS AND PERSONS USING
CLAIMANT'S REAL PROPERTY**

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, 20 ____ *Claim For Welfare Exemption (Annual Filing)*

Section 1. Identification of Claimant/Owner and Property

LEGAL NAME OF ORGANIZATION		CORPORATE OR LLC ID NO. (if any)
ADDRESS OF PROPERTY (number and street)	CITY	ASSESSOR'S PARCEL/ASSESSMENT NUMBER

Section 2. Organizations and Persons Using Owner's Real Property (Attach additional copies of this form, if necessary)

Total Number of Users: _____

Part A - enter user # _____

a. NAME OF ORGANIZATIONS OR PERSON (including DBA name, if applicable)

b. PHONE NUMBER OR EMAIL ADDRESS

c. NEW USER THIS YEAR? Yes No
If yes, date use began: _____

d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of property and portions of property used, including square footage):

e. CURRENT LEASE OR AGREEMENT ATTACHED?
 Yes No, submitted with a previous filing No written agreement

f. IS EXEMPTION REQUESTED ON THE PORTION OF PROPERTY USED BY THIS USER?
 Yes (complete Part B for this user) No (no further information required for this user)

Part B (complete only if Part A, item f is answered yes for user)

a. DESCRIPTION OF THE USER'S USE OF THE PROPERTY:

b. FREQUENCY OF USE (daily, once per week, etc):

c. RENT OR FEES RECEIVED FROM USER (amount and frequency):

d. DOES THE USER HAVE AN ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC)?
 Yes, OCC NO. _____ No (additional documents may be required, see instructions)

e. PURPOSE(S) ORGANIZED FOR:
 Charitable Religious Hospital Scientific Other _____

f. TAX EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter, if not submitted with a previous filing)
INTERNAL REVENUE CODE: Section 501(c)(3) Section 501(c)(4) REVENUE AND TAXATION CODE: Section 23701d Section 23701f Section 23701w
 NOT TAX EXEMPT

Part A - enter user # _____

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b. PHONE NUMBER OR EMAIL ADDRESS

c. NEW USER THIS YEAR? Yes No
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 NOT TAX EXEMPT

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information herein, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

