

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

This claim is filed for fiscal year 2018 — 2019.

PETER ALDANA, COUNTY OF RIVERSIDE  
ASSESSOR-COUNTY CLERK-RECORDER  
PO BOX 751, RIVERSIDE, CA 92502-0751  
(951) 413-2890 www.riversideacr.com

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: \_\_\_\_\_ (complete Part A for each user and complete Part B, if applicable)

**Part A - enter user # \_\_\_\_\_**

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

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b. PHONE NUMBER OR EMAIL ADDRESS

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

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

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e. CURRENT LEASE OR AGREEMENT ATTACHED?  Yes  No  
Submission not required if submitted with previous filing or if not requesting exemption on that portion used. Check here if submitted with a previous filing:   
Check here if 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:

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

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

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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  GOVERNMENT AGENCY

**Part A - enter user # \_\_\_\_\_**

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

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b. PHONE NUMBER OR EMAIL ADDRESS

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

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

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e. CURRENT LEASE OR AGREEMENT ATTACHED?  Yes  No  
Submission not required if submitted with previous filing or if not requesting exemption on that portion used. Check here if submitted with a previous filing:   
Check here if 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:

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

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 NOT TAX EXEMPT  GOVERNMENT AGENCY

**CERTIFICATION**

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

NAME OF CLAIMANT	TITLE
SIGNATURE OF CLAIMANT	DATE

