

**WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT,
REHABILITATION—LIVING QUARTERS (Yearly Filing)**

A separate affidavit must be filed for each location.



WEBSTER J. GUILLORY
ORANGE COUNTY ASSESSOR
CIVIC CENTER PLAZA, BUILDING 11
625 N. ROSS STREET, ROOM 142
P.O. BOX 628
SANTA ANA, CA 92702-0628
TELEPHONE: (714) 834-2779

NAME AND MAILING ADDRESS
(make corrections as necessary)

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This affidavit is required under the provisions of sections 251 and 254.5 of the Revenue and Taxation Code for those organizations where the use of the property involves rehabilitation of persons and/or living quarters.

The affidavit must accompany the claim for welfare exemption and be filed with the Assessor, by February 15. If you do not complete and file this form, your exemption may be denied.

_____ states:
(name of person making affidavit)

1. He/She is _____
(title, such as president, etc.)
2. of the _____
(corporate or organization name)
3. the address of which is _____
(give complete address including zip code)
4. for the property located at _____
(give complete address including zip code)
5. that he or she makes this affidavit on behalf of this organization in support of a claim for exemption for the 20____-20____
fiscal year.

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.

SIGNATURE OF PERSON MAKING AFFIDAVIT	TITLE	DATE
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E-MAIL ADDRESS