BOE-262-AH (P1) REV. 11 (05-22) CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP	WING CONTRACTOR	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 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")			
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)			
	Г	FOR ASSESSOR'S USE ONLY	
		Received	
		Approved	
		Denied	
		Reason for denial	
To receive the full exemption, this claim If you no longer seek an exemption at this location, check NAME OF CHURCH, ORGANIZATION, ETC.			
WEBSITE ADDRESS (IF ANY)			
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)			
CITY, STATE, ZIP CODE			
ADDRESS OF PROPERTY (NUMBER AND STREET)		ASSESSOR'S PARCEL NUMBER	
CITY, COUNTY, ZIP CODE		DATE PROPERTY WAS FIRST USED BY CLAIMAN	
Claimant is: Owner and operator Owner only and claims exemption on all Land Buildings an Land Buildings an Land Buildings an Land Buildings an Land Buildings an Owner only I Land Buildings an Solution Conversion of the convenient uses Solution Commercial purposes does not include the parking of vehicl costs of operating and maintaining the property for parking processes	d improvements and/or ely for religious worship, inc se of these buildings? ion is claimed for parking p religious worship or religion es or bicycles, the revenue urposes. Leased property u	urposes necessarily and reasonably required for to bus activity, and which is not at other times used of which does not exceed the ordinary and necessa sed for parking purposes is eligible for exemption o	
if the congregation of the church, religious congregation, or 5. List all uses of the property:		nembers.	

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BOE-262-AH (P2) REV. 11 (05-22)		
\overline{X} is the real property listed on this claim owned by the obymph 2 \Box Vec.	No. If NO, state the name and address	of our on
7. Is the real property listed on this claim owned by the church? Yes	No If NO, state the name and address	of owner:
OWNER NAME		
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
 B. Is leased property, if any, used by the church for parking purposes? ☐ Yes ☐ No If YES, is the congregation of the church, religious der ☐ Yes ☐ No If YES, the property, or portion thereof, 	-	bers?
Note: The benefit of a property tax exemption must inure to the church; specifically provide that the church exemption is taken into account in fix rental payments, or a refund of such payments, if paid, for each month of c one-twelfth of the property taxes not paid during such fiscal year by reason lease or rental agreement.	ing the terms of agreement, the church s occupancy (or use), or portion thereof, dur	hall receive a reduction in ing the fiscal year equal to
Are bingo games being operated on this property? If YES, a claim for the each year for the property, or portion of the property so used, to be exempted as a set of the property so used.		e Assessor by February 1
10. Is any portion of this property being used for living quarters for any perso	on? If YES, describe that portion:	🗌 No
Note: Living quarters are not eligible for the Church or Religious Exer Exemption. Contact the Assessor.	nptions. Certain living quarters may be	exempt under the Welfar
1. Is any portion of this property vacant and/or unused? Yes No If YES, describe that portion:		
12. Has any portion of this property been rented to, leased to, or been used an since 12:01 a.m., January 1 last year? Yes No	d/or operated by some person or organiza	tion other than the claiman
a. If property is leased to another church, provide the name and mailing a	address:	
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
		cy of use; attach additiona
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)		cy of use; attach additiona
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide th sheets if necessary.	e name, type of organization and frequen	
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide th sheets if necessary. NAME	e name, type of organization and frequen TYPE TYPE ion commenced and/or completed on this	FREQUENCY

Whom should we contact during normal business hours for additional information?

NAME			TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS		
()			
	CERTIFICA	TION	
	alty of perjury under the laws of the State of (a statements or documents, is true, correct, a		
SIGNATURE OF PERSON MAKING CLAIM	Λ	TIT	LE
NAME OF PERSON MAKING CLAIM		DA	TE

