EF-262-AH-R10-0519-11000221-1

BOE-262-AH (P1) REV. 10 (05-19)

CHURCH EXEMPTION

NAME AND MAILING ADDRESS

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP This claim is filed for fiscal year 20_ (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



Sendy Perez Assessor

516 W. Sycamore St., 2nd Floor Willows CA 95988 Phone: (530) 934-6402

Fax: (530) 934-6571

(Make necessary corrections to the printed name and ma	iling address)	
Г	コ	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L		
To receive the full exemption ☐ Check here if you no longer seek an exame of Church, Organization, etc.	on, this claim must be filed with the exemption at this location. Sign an	-
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 CLAIMANT
and claims exemption on all	mpt used solely for religious worship, including convenient use of these buildings? Thich exemption is claimed for parking purpor engaged in religious worship or religious acting of vehicles or bicycles, the revenue of what for parking purposes. Leased property used for	ses necessarily and reasonably required for the activity, and which is not at other times used for nich does not exceed the ordinary and necessary for parking purposes is eligible for exemption only
and infant care centers)? Yes No Note: If the answer is YES to a. or b. above, the polychard used for religious worship, preschool prade (grades 1 - 12), or for the purposes of both sections.	d at this location (a children's day care center property is not eligible for the Church Exemption purposes, nursery school purposes, kindergarte schools of collegiate grade and schools of less th	er includes licensed nursery schools, preschools, n. If the property is both owned and operated by the n purposes, school purposes of less than collegiate nan collegiate grade, the claimant may qualify for the l by February 15; contact the Assessor. The claimant



7. Is the real property listed of	on this claim owned by the church?	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	of owner:	
OWNER NAME				
MAILING ADDRESS (NUMBER	AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE		
☐ Yes ☐ No If YES,	used by the church for parking purposes? is the congregation of the church, religious o	=	pers?	
specifically provide that the rental payments, or a refun	operty tax exemption must inure to the churc e church exemption is taken into account in ind of such payments, if paid, for each month of taxes not paid during such fiscal year by reas	fixing the terms of agreement, the church shof occupancy (or use), or portion thereof, duri	nall receive a reduction in ng the fiscal year equal to	
	perated on this property? If YES, a claim for to or portion of the property so used, to be exe		Assessor by February 15	
10. Is any portion of this prop	perty being used for living quarters for any pe	rson? If YES, describe that portion: Yes	☐ No	
Note: Living quarters are Exemption. Contact the As	not eligible for the Church or Religious Exsessor.	cemptions. Certain living quarters may be e	exempt under the Welfare	
11. Is any portion of this prop If YES, describe that port	erty vacant and/or unused? $\ \square$ Yes $\ \square$ No ion:			
	operty been rented to, leased to, or been used y 1 last year? Yes No	and/or operated by some person or organizat	ion other than the claimant	
a. If property is leased to CHURCH NAME	another church, provide the name and mailin	g address:		
MAILING ADDRESS (NUMBER	AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	
b. If property is leased to sheets if necessary.	an organization other than a church, provide	the name, type of organization and frequence	y of use; attach additional	
NAME		TYPE	FREQUENCY	
NAME		TYPE	FREQUENCY	
the user/operator both file 13. Has there been any charsince 12:01 a.m., January 14. Is any equipment or othe Yes No If YES, I	ners (except for worship only) is not eligible for a claim for the Welfare Exemption. Contact the name in the use of the property or any construy 1 last year? Yes No If YES, descriptor property at this location being leased or reniest the name and address of the owner and the not used exclusively for religious worship, please	he Assessor. uction commenced and/or completed on this ibe: ted from someone else? he type, make, model, and serial number of the street is the serial number of the serial nu	property ne property. If the property	
Who	om should we contact during normal bu	siness hours for additional information	?	
NAME	•	TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS			
()	CERTIFIC	CATION		
	enalty of perjury under the laws of the State on ng statements or documents, is true, correct,			
SIGNATURE OF PERSON MAKING CLA	AIM	TITLE		
NAME OF PERSON MAKING CLAIM		DATE		

