EF-262-AH-R07-0512-23000601-1 BOE-262-AH (P1) REV. 07 (05-12)

CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



SUSAN M. RANOCHAK **MENDOCINO COUNTY ASSESSOR**

501 Low Gap Road, Room 1020 Ukiah, CA 95482 Telephone: (707) 463-4315 Fax: (707) 463-6597

| This claim is filed for fiscal year 20 | - 20 | |
|--|------|-------|
| (Example: a person filing a timely claim enter "2011-2012.") | | would |
| | | |

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) FOR ASSESSOR'S USE ONLY Received **Approved** Denied Reason for denial To receive the full exemption, this claim must be filed with the Assessor by February 15. 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 CLAIMANT 1. Owner and operator: (check applicable boxes) Owner and operator Claimant is: ☐ Owner only
☐ Operator only and claims exemption on all ☐ Land ☐ Buildings and improvements and/or ☐ Personal property 2. Are all buildings and equipment claimed as exempt used solely for religious worship, including any building in the course of construction? ☐ Yes ☐ No 3. Is the land claimed as exempt required for the convenient use of these buildings? ☐ Yes ☐ No 4. Is all real property used by the church upon which exemption is claimed for parking purposes necessarily and reasonably required for the parking of automobiles of persons attending or engaged in religious worship or religious activity, and which is not at other times used for commercial purposes? ☐ Yes ☐ No Commercial purposes does not include the parking of vehicles or bicycles, the revenue of which does not exceed the ordinary and necessary costs of operating and maintaining the property for parking purposes. Leased property used for parking purposes is eligible for exemption only if the congregation of the church, religious congregation, or sect is no greater than 500 members. 5. List all uses of the property: 6. a. Is an elementary school and/or secondary school being operated at this location? ☐ Yes ☐ No b. Is a children's day care center being operated at this location (a children's day care center includes licensed nursery schools, preschools, and infant care centers)? Note: If the answer is YES to a. or b. above, the property is not eligible for the Church Exemption. If the property is both owned and operated by the church and used for religious worship, preschool purposes, nursery school purposes, kindergarten purposes, school purposes of less than collegiate

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less than collegiate grade, the claimant may qualify for the Religious Exemption. The Religious Exemption has a "one-time filing" provision and should be filed by February 15; contact the Assessor. The



claimant may wish instead to annually file by February 15 for the Welfare Exemption.

| 7. Is the real property listed on this clai Yes No If NO, state the nar | | | | | |
|---|---|-------------------------------|---|--|--|
| OWNER NAME | | | | | |
| MAILING ADDRESS (NUMBER AND STRE | ET/P. O. BOX) | CITY, STATE | , ZIP CODE | | |
| ☐ Yes ☐ No If | gregation of the church, religious denomination, or se YES, the property, or portion thereof, so used is not el | igible for exe | emption. | | |
| that the church exemption is take payments, or a refund of such payr | x exemption must inure to the church; if the lease en into account in fixing the terms of agreement nents, if paid, for each month of occupancy (or use) paid during such fiscal year by reason of the Church | t, the churc), or portion | h shall receive a reduction in rental | | |
| each year for the property, or portion ☐ Yes ☐ No | this property? If YES, a claim for the Welfare Exemp of the property so used, to be exempt. | | | | |
| 10. Is any portion of this property being☐ Yes ☐ No | used for living quarters for any person? If YES, desc | ribe that por | tion: | | |
| | ele for the Church or Religious Exemptions. Certain | living quart | ers may be exempt under the Welfare | | |
| 11. Is any portion of this property vacar | | | | | |
| | ☐ Yes ☐ No If YES, describe that portion: | | | | |
| 12. Has any portion of this property been since 12:01 a.m., January 1 last year | n rented to, leased to, or been used and/or operated by ar? | some perso | n or organization other than the claimant | | |
| Yes No If YES, describe: | | | | | |
| If property is leased to another church NAME | ch, provide the name and mailing address: | | | | |
| MAILING ADDRESS (NUMBER AND STRE | ET/P. O. BOX) | CITY, STATE | , ZIP CODE | | |
| | | | | | |
| Note: Property used by others (exce the user/operator both file a claim for | pt for worship only) is not eligible for the Church Exen the Welfare Exemption. Contact the Assessor. | nption. It ma | y be exempt if the claimant (owner) and | | |
| since 12:01 a.m., January 1 last year | use of the property or any construction commenced ar? | and/or com | pleted on this property | | |
| Yes No If YES, describe: | | | | | |
| | | | | | |
| 14. Is any equipment or other property at this location being leased or rented from someone else? [Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the property | | | | | |
| | xclusively for religious worship, please state the other | | | | |
| Whom should we contact during normal business hours for additional information? | | | | | |
| NAME VALUE TO THE SHOULD NAME | u we contact during normal business nours for | auditional | TITLE | | |
| | | | | | |
| DAYTIME TELEPHONE () | EMAIL ADDRESS | | | | |
| 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 CLAIM | • | - | TITLE | | |
| NAME OF PERSON MAKING CLAIM | | | DATE | | |

