-263-C (P1) REV. 02 (06-11)		Mono County Office of the Assessor Barry Beck, Assessor PO Box 456
CHURCH LESSORS' EXEMPTION CLA	MM (Bridgeport, CA 93517-0456 Telephone: 760-932-5510
PROPERTY LEASED BY A CHURCH TO A P SCHOOL, COMMUNITY COLLEGE, STATE O STATE UNIVERSITY, INCLUDING THE UNIV CALIFORNIA, USED JOINTLY WITH A CHUR	COLLEGE, OR /ERSITY OF	Fax: 760-932-5511 Email: assessor@mono.ca.gov Website: www.monocounty.ca.gov/assessor
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and in	mailing address)	
		To receive the full exemption, this claim mu
L	L	be filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT LESSOR'S CHURCH OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
CITY, COUNTY, ZIP CODE		
		ASSESSOR'S PARCEL NUMBER
		ses of the property. operties, please attach a list that clearly identifies the
The exemption claim is made for the following p	roperty: (if there are numerous pr property and the name a	ses of the property. operties, please attach a list that clearly identifies the nd address of the lessee)
	roperty: (if there are numerous pr	ses of the property. operties, please attach a list that clearly identifies the
The exemption claim is made for the following property Type	roperty: (if there are numerous pr property and the name a	ses of the property. operties, please attach a list that clearly identifies the nd address of the lessee)
The exemption claim is made for the following p	roperty: (if there are numerous pr property and the name a	ses of the property. operties, please attach a list that clearly identifies the nd address of the lessee)
The exemption claim is made for the following property TYPE Land Buildings and Improvements	roperty: <i>(if there are numerous pr property and the name a</i> PRIMARY USE(S)	ses of the property. operties, please attach a list that clearly identifies the nd address of the lessee)
The exemption claim is made for the following property TYPE	roperty: <i>(if there are numerous pr property and the name a</i> PRIMARY USE(S)	ses of the property. operties, please attach a list that clearly identifies the nd address of the lessee)
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The exemption claim is made for the following property TYPE	the church in the form of rents, fe aining and operating the leased p CERTIFICATION der the laws of the State of Californ	ses of the property. roperties, please attach a list that clearly identifies the nd address of the lessee) INCIDENTAL USE CITY, STATE, ZIP CODE es, or charges from the lease does not exceed the ordina roperty. es it uses the property for exempt purposes.
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The exemption claim is made for the following provide the followin	the church in the form of rents, fe aining and operating the leased p CERTIFICATION der the laws of the State of Californ	ses of the property. coperties, please attach a list that clearly identifies the nd address of the lessee) INCIDENTAL USE CITY, STATE, ZIP CODE es, or charges from the lease does not exceed the ordina roperty. es it uses the property for exempt purposes. ia that the foregoing and all information hereon, including a to the best of my knowledge and belief. DATE TITLE
The exemption claim is made for the following provide the property TYPE PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by f and usual expenses in mainta An affidavit must be attached I certify (or declare) under penalty of perjury und accompanying statements SIGNATURE OF PERSON MAKING CLAIM	the church in the form of rents, fe aining and operating the leased p CERTIFICATION der the laws of the State of Californ	ses of the property. operties, please attach a list that clearly identifies the nd address of the lessee) INCIDENTAL USE CITY, STATE, ZIP CODE es, or charges from the lease does not exceed the ordina roperty. es it uses the property for exempt purposes. ia that the foregoing and all information hereon, including a to the best of my knowledge and belief. DATE



INSTRUCTIONS FOR FILING CHURCH LESSORS' EXEMPTION CLAIM

IMPORTANT NOTICE

This claim may be filed to claim the welfare exemption on property leased by a church to a public school, community college, state college, state university, including the University of California when the church and public school or college both use the property in a joint manner. (See Revenue and Taxation Code section 214.6.)

Although the church has previously been granted the religious exemption, which only requires a one-time filing, annual filing of this claim form is required for a property used in conjunction with a public school to be granted the welfare exemption.

Failure to submit the public school or college lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the lessors' claim form is due will result in a portion of the exemption being denied. A sample affidavit is included as page 3 of this form.

IDENTIFICATION OF APPLICANT

Enter your church, corporate or organization information.

IDENTIFICATION OF PROPERTY

Enter the address of the property for which you are seeking exemption.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

USES OF PROPERTY

Check each of the types of property being claimed, and state the primary and incidental uses of the property. Primary use may include both church and school use; incidental uses would include others who use the property for meetings, receptions, etc.

Enter the name and address of the public school or college lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Check the appropriate box to affirm that the total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property. The exemption is not available if the income exceeds the ordinary and usual expenses in maintaining and operating the leased property.

Attach an affidavit in which the public school or college lessee declares it uses the property for exempt purposes.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES

NAME OF QUALIFY	'ING PU	BLIC SCHOOL LESSEE					
MAILING ADDRESS	6						
CITY, STATE, ZIP CO	ODE						
Check the typ	pe of q	ualifying use of the property					
PUBLIC SCHOOL STATE UNIVERSITY			STATE UNIVERSITY				
COMMUNITY COLLEGE			UNIVERSITY OF CALIFORNIA				
STA	TE CO	LLEGE					
NAME OF CHURCH	I						
MAILING ADDRESS	6						
CITY, STATE, ZIP CO	ODE						
DATE LEASE SIGNED				COMMENC	COMMENCEMENT DATE OF LEASE		
		THE ASSESSOR	MAY REQUEST A COPY OF THE LEASE AGREEME	NT			
		is leased as of January 1 of this isting if necessary.	year. If personal property is being leased, ind	licate the ty	pe, make, model, serial number,		
PROPERTY TYPE (REAL OR PERSONAL)			PROPERTY DESCRIPTION				
		espect to lessees that are poli ot government entity leasing the	itical subdivisions of the state, the propert	y is locate	d within the boundaries of the		
	-		a student bookstore that generates unrelate	ed busines	s taxable income as defined in		
:	section	n 512 of the Internal Revenue	Code.				
			ost recent tax return filed with the Internal ed by establishing a ratio of the unrelated bu				
		income.	, ,				
			CERTIFICATION				
I certify (or decla			aws of the State of California that the foregoin uments, is true and correct to the best of my l				
SIGNATURE OF PERSON MAKING CLAIM				DATE	DATE		
NAME OF PERSON MAKING CLAIM				TITLE			
EMAILADDRESS				DAYTIME	TELEPHONE		
				()		
		THIS DOCUME	NT IS SUBJECT TO PUBLIC INSPEC	TION			

