263-C-R02-0611-29000461-1 -263-C (P1) REV. 02 (06-11) CHURCH LESSORS' EXEMPTION CLA PROPERTY LEASED BY A CHURCH TO A P SCHOOL, COMMUNITY COLLEGE, STATE C STATE UNIVERSITY, INCLUDING THE UNIV CALIFORNIA, USED JOINTLY WITH A CHUR	UBLIC COLLEGE, OR ERSITY OF	Rolf D. Kleinhans Nevada County Assessor 950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and n	nailing address)	
L		To receive the full exemption, this claim must 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)		
IDENTIFICATION OF PROPERTY		
ADDRESS OF PROPERTY (NUMBER AND STREET)		
ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM 20 20 ASSESSOR'S PARCEL NUMBER
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the	orimary and incidental qualifying us operty: (if there are numerous pro property and the name an	20 20         ASSESSOR'S PARCEL NUMBER         ses of the property.         opperties, please attach a list that clearly identifies the
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the	operty: (if there are numerous pro	20 20         ASSESSOR'S PARCEL NUMBER         Sees of the property.         opperties, please attach a list that clearly identifies the
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY Street Check and state the p The exemption claim is made for the following pr	operty: (if there are numerous pro property and the name an	20 20         ASSESSOR'S PARCEL NUMBER         Sees of the property.         opperties, please attach a list that clearly identifies the lessee)
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the p The exemption claim is made for the following pr PROPERTY TYPE	operty: (if there are numerous pro property and the name an	20 20         ASSESSOR'S PARCEL NUMBER         Sees of the property.         opperties, please attach a list that clearly identifies the lessee)
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ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY         ✓         Check and state the property         The exemption claim is made for the following property         PROPERTY TYPE         □         Land         □         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         □       Yes         □       No	operty: (if there are numerous pro property and the name an PRIMARY USE(S)	20 20         ASSESSOR'S PARCEL NUMBER         Sees of the property.         operties, please attach a list that clearly identifies the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         es, or charges from the lease does not exceed the ordinary
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  C Check and state the  The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by th and usual expenses in mainta	operty: (if there are numerous pro property and the name an PRIMARY USE(S) he church in the form of rents, fee ining and operating the leased pr	20 20         ASSESSOR'S PARCEL NUMBER         Sees of the property.         operties, please attach a list that clearly identifies the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         es, or charges from the lease does not exceed the ordinar
ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the /         The exemption claim is made for the following pr         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by the and usual expenses in mainta         An affidavit must be attached	operty: (if there are numerous pro property and the name an PRIMARY USE(S) he church in the form of rents, fee ining and operating the leased pr in which the lessee declares CERTIFICATION	20 20         ASSESSOR'S PARCEL NUMBER         Sees 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 ordinar roperty.         s it uses the property for exempt purposes.
ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the /         The exemption claim is made for the following pr         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by the and usual expenses in mainta         An affidavit must be attached         I certify (or declare) under penalty of perjury under accompanying statements	operty: (if there are numerous pro property and the name an PRIMARY USE(S) he church in the form of rents, fee ining and operating the leased pr in which the lessee declare: CERTIFICATION er the laws of the State of Californi	20 20         ASSESSOR'S PARCEL NUMBER         Sees 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 ordinar roperty.         s it uses the property for exempt purposes.
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ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the /         The exemption claim is made for the following pr         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by the and usual expenses in mainta         An affidavit must be attached         I certify (or declare) under penalty of perjury under accompanying statements	operty: (if there are numerous pro property and the name an PRIMARY USE(S) he church in the form of rents, fee ining and operating the leased pr in which the lessee declare: CERTIFICATION er the laws of the State of Californi	20 20         ASSESSOR'S PARCEL NUMBER         Sees of the property.         operties, please attach a list that clearly identifies the head address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         es, or charges from the lease does not exceed the ordinar roperty.         sit uses the property for exempt purposes.         a that the foregoing and all information hereon, including an to the best of my knowledge and belief.
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY    Check and state the   The exemption claim is made for the following pr PROPERTY TYPE Land PROPERTY TYPE Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by th 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	operty: (if there are numerous pro property and the name an PRIMARY USE(S) he church in the form of rents, fee ining and operating the leased pr in which the lessee declare: CERTIFICATION er the laws of the State of Californi	20 20         ASSESSOR'S PARCEL NUMBER         Sees of the property.         operties, please attach a list that clearly identifies the new address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         es, or charges from the lease does not exceed the ordinary roperty.         s it uses the property for exempt purposes.         a that the foregoing and all information hereon, including any 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 QUALIFYING PUBLIC SCHOOL LESSEE	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
Check the type of qualifying use of the property	
PUBLIC SCHOOL     STATE UN	IVERSITY
COMMUNITY COLLEGE	ITY OF CALIFORNIA
STATE COLLEGE	
NAME OF CHURCH	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
DATE LEASE SIGNED	COMMENCEMENT DATE OF LEASE
THE ASSESSOR MAY REQUEST A	A COPY OF THE LEASE AGREEMENT
The following property is leased as of January 1 of this year. If persona etc. Attach a separate listing if necessary.	al property is being leased, indicate the type, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION
☐ Yes ☐ No With respect to lessees that are political subdivision exempt government entity leasing the same.	ons of the state, the property is located within the boundaries of the
	store that generates unrelated business taxable income as defined in
section 512 of the Internal Revenue Code. If <b>Yes</b> , a copy of the institution's most recent tax	return filed with the Internal Revenue Service must accompany this
	ing a ratio of the unrelated business taxable income to the bookstore's
CERTIF	FICATION
	e of California that the foregoing and all information hereon, including any and correct to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
EMAIL ADDRESS	DAYTIME TELEPHONE
	( )

