This claim is filed for fis (Example: a person filing a enter "2011-2012.")	5-22) DN .ELY FOR RELIGIOUS WORSHIP cal year 20 20 a timely claim in January 2011 would		CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov
NAME AND MAILING (Make necessary corr	ADDRESS ections to the printed name and mailing address)		
Г		Г	FOR ASSESSOR'S USE ONLY
			Received
			Approved
			Denied
			Reason for denial
L			
	ive the full exemption, this claim n		
lf you no longer seek a	n exemption at this location, check	here \Box Sign and return this fo	orm to the Assessor. Date vacated:
NAME OF CHURCH, ORGAN	IIZATION, ETC.		
WEBSITE ADDRESS (IF ANY	·)		
MAILING ADDRESS (NUMBE	RAND STREET/P. O. BOX)		
CITY, STATE, ZIP CODE			
ADDRESS OF PROPERTY (N	IUMBER AND STREET)		ASSESSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP CODE			DATE PROPERTY WAS FIRST USED BY CLAIMANT
and claims exemption 2. Are all buildings and e Yes No 3. Is the land claimed as Yes No 4. Is all real property use parking of automobile commercial purposes? Yes No Commercial purposes costs of operating and	quipment claimed as exempt used sole exempt required for the convenient use ed by the church upon which exemption of persons attending or engaged in does not include the parking of vehicle maintaining the property for parking pu he church, religious congregation, or s	I improvements and/or [ely for religious worship, includin e of these buildings? on is claimed for parking purpo religious worship or religious a es or bicycles, the revenue of wh urposes. Leased property used for	Personal property g any building in the course of construction? ses necessarily and reasonably required for the ctivity, and which is not at other times used for nich does not exceed the ordinary and necessary or parking purposes is eligible for exemption only pers.
 Yes No b. Is a children's day of and infant care cent Yes No Note: If the answer is Y church and used for rel grade (grades 1 - 12), o Religious Exemption. TI may wish instead to and 	ers)? (ES to a. or b. above, the property is not igious worship, preschool purposes, nurs r for the purposes of both schools of colle ne Religious Exemption has a "one-time fi nually file by February 15 for the Welfare THIS DOCUMENT IS S	tion (a children's day care cente eligible for the Church Exemption sery school purposes, kindergartel egiate grade and schools of less th iling" provision and should be filed Exemption. SUBJECT TO PUBLIC INS	r includes licensed nursery schools, preschools, I. If the property is both owned and operated by the n purposes, school purposes of less than collegiate an collegiate grade, the claimant may qualify for the by February 15; contact the Assessor. The claimant PECTION
L 101010	62-AH-R11-0522-34000142		

EF-

BOE-262-AH (P2) REV. 11 (05-22)		
7. Is the real property listed on this claim owned by the church? \Box Yes \Box N	lo If NO, state the name and address	of owner:
OWNER NAME		
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
8. Is leased property, if any, used by the church for parking purposes?		pers?
Note: The benefit of a property tax exemption must inure to the church; if specifically provide that the church exemption is taken into account in fixing rental payments, or a refund of such payments, if paid, for each month of occ one-twelfth of the property taxes not paid during such fiscal year by reason o lease or rental agreement.	g the terms of agreement, the church sł cupancy (or use), or portion thereof, duri	nall receive a reduction in ng the fiscal year equal to
Are bingo games being operated on this property? If YES, a claim for the W each year for the property, or portion of the property so used, to be exempt.		Assessor by February 15
10. Is any portion of this property being used for living quarters for any person?	? If YES, describe that portion: Yes	🗌 No
Note: Living quarters are not eligible for the Church or Religious Exemp Exemption. Contact the Assessor.	tions. Certain living quarters may be e	exempt under the Welfare
11. Is any portion of this property vacant and/or unused?		
If YES, describe that portion:		
If YES, describe that portion:	or operated by some person or organizat	ion other than the claimant
If YES, describe that portion: 12. Has any portion of this property been rented to, leased to, or been used and/o		ion other than the claimant
If YES, describe that portion: 12. Has any portion of this property been rented to, leased to, or been used and/o since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing add		ion other than the claimant
If YES, describe that portion: 12. Has any portion of this property been rented to, leased to, or been used and/or since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing ador CHURCH NAME	CITY, STATE, ZIP CODE	
 If YES, describe that portion: 12. Has any portion of this property been rented to, leased to, or been used and/or since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing add CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide the rented to an organization other than a church. 	CITY, STATE, ZIP CODE	
If YES, describe that portion: 12. Has any portion of this property been rented to, leased to, or been used and/or since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing add CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide the r sheets if necessary.	CITY, STATE, ZIP CODE	y of use; attach additional
If YES, describe that portion: 12. Has any portion of this property been rented to, leased to, or been used and/or since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing add CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide the r sheets if necessary. NAME	dress: CITY, STATE, ZIP CODE name, type of organization and frequence TYPE TYPE	y of use; attach additional FREQUENCY FREQUENCY

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

NAME		TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	
()		
	CERTIFICATION	
	rjury under the laws of the State of California that the foregoing nts or documents, is true, correct, and complete to the best of m	
SIGNATURE OF PERSON MAKING CLAIM	TITLE	
NAME OF PERSON MAKING CLAIM	DATE	

