EF-262-AH-R07-0512-38000640-1 BOE-262-AH (P1) REV. 07 (05-12)

## CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORS



## Joaquín Torres Assessor-Recorder

Office of the Assessor-Recorder 1 Dr. Carlton B. Goodlett Place - Room 190 San Francisco, CA 94102 www.sfassessor.org (415) 554-5596

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|-----|----|
|     | 31 |
|     | 12 |
| HIP |    |

| This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")  |   |  |
|---|---|--|
| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)   | FOR ASSESSOR'S USE ONLY   |  |
|   | Pagaiyad  |  |
|   | Received  |  |
|   | Denied  |  |
|   | Reason for denial   |  |
|   |   |  |
| To receive the full exemption, this claim must be filed with the A  | ssessor 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)  Claimant is:   | es necessarily and reasonably required for the ivity, and which is not at other times used for the does not exceed the ordinary and necessary parking purposes is eligible for exemption only |  |
| 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 and infant care centers)?  Yes No  Note: If the answer is YES to a. or b. above, the property is not eligible for the Church Exemption. If church and used for religious worship, preschool purposes, nursery school purposes, kindergarten p grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less than Religious Exemption. The Religious Exemption has a "one-time filing" provision and should be fi claimant may wish instead to annually file by February 15 for the Welfare Exemption. | the property is both owned and operated by the surposes, school purposes of less than collegiate collegiate grade, the claimant may qualify for the   |  |

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| 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<br>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<br>), 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.   |                               |   |  |
| <ul><li>10. Is any portion of this property being</li><li>☐ Yes ☐ No</li></ul>   | 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 t  | •   |                               |   |  |
| 12. Has any portion of this property been rented to, leased to, or been used and/or operated by some person or organization other than the claimant since 12:01 a.m., January 1 last year?   |   |                               |   |  |
| 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                              |  |
|  |   |                               |   |  |
| <b>Note:</b> Property used by others (exce the user/operator both file a claim for   | pt for worship only) is not eligible for the Church Exen<br>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 about   | d wa aantaat during marmal businees bayra fam   | odditional                    | information?                            |  |
| NAME VALUE TO THE SHOULD NAME  | d we contact during normal business hours for   | auditional                    | TITLE                                   |  |
|  |   |                               |   |  |
| DAYTIME TELEPHONE ( )  | EMAIL ADDRESS   |                               |   |  |
| \ /  | CERTIFICATION   |                               |   |  |
|  | erjury under the laws of the State of California that the ents or documents, is true, correct, and complete to the  |                               |   |  |
| SIGNATURE OF PERSON MAKING CLAIM   | •   | -                             | TITLE                                   |  |
| NAME OF PERSON MAKING CLAIM  |   |                               | DATE                                    |  |

