EF-263-C-R03-0522-51000070-1

BOE-263-C (P1) REV. 03 (05-22)

CHURCH LESSORS' EXEMPTION CLAIM

PROPERTY LEASED BY A CHURCH TO A PUBLIC SCHOOL, COMMUNITY COLLEGE, STATE COLLEGE, OR STATE UNIVERSITY, INCLUDING THE UNIVERSITY OF CALIFORNIA, USED JOINTLY WITH A CHURCH

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



TODD L. RETZLOFF, CCIM SUTTER COUNTY

1190 Civic Center Blvd. Yuba City, CA 95993 Telephone (530) 822-7160 FAX (530) 822-7198 www.suttercounty.org/assessor Email: assessor@co.sutter.ca.us

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L	_			tion, this claim must r by February 15.	
If you no longer seek an exemption at this location,	, check here 🔲 Sign and return this fo	orm to the Asse	essor. Date vacate	ed:	
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)		FISCAL YEAR OF CLAIM 20 20			
CITY, COUNTY, ZIP CODE			ASSESSOR'S PARCEL NUMBER		
PROPERTY TYPE Land	claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE(S) INCIDENTAL USE				
☐ Buildings and Improvements					
Personal Property					
NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION					
MAILING ADDRESS			CITY, STATE, ZIP CODE		
Yes No The total income received by the and usual expenses in maintaini	e church in the form of rents, fees, or ing and operating the leased propert		the lease does no	ot exceed the ordinary	
An affidavit must be attached in v	which the lessee declares it us	es the prop	erty for exemp	t purposes.	
	CERTIFICATION				
I certify (or declare) under penalty of perjury under accompanying statements or	the laws of the State of California that r documents, is true and correct to the				
SIGNATURE OF PERSON MAKING CLAIM			DATE		
NAME OF PERSON MAKING CLAIM			TITLE		
EMAIL ADDRESS			DAYTIME TELEPHONE	<u> </u>	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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	YING PUE	BLIC SCHOOL LESSEE		
MAILING ADDRESS	S			
CITY, STATE, ZIP C	CODE			
	pe of qu	ualifying use of the prope	erty	
COMMUNITY COLLEGE			UNIVERSITY OF CAL	LIFORNIA
	ATE COI		_	
MAILING ADDRESS	S			
CITY, STATE, ZIP C	ODE			
DATE LEASE SIGN	IED			COMMENCEMENT DATE OF LEASE
		=	SESSOR MAY REQUEST A COPY OF THI of this year. If personal property is	HE LEASE AGREEMENT s being leased, indicate the type, make, model, serial number
PROPERTY T' (REAL OR PERS			PROPERTY I	DESCRIPTION
-				
☐ Yes ☐ No		espect to lessees that a		state, the property is located within the boundaries of the
	section	512 of the Internal Rev a copy of the institution t. Property taxes are de	venue Code. on's most recent tax return filed	generates unrelated business taxable income as defined in with the Internal Revenue Service must accompany this of the unrelated business taxable income to the bookstore's
			CERTIFICATION	
I certify (or decla				nia that the foregoing and all information hereon, including any to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM			DATE	
NAME OF PERSON M	IAKING CL	AIM		TITLE
EMAIL ADDRESS				DAYTIME TELEPHONE ()

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