EF-262-AH-R09-0515-53000454-1 BOE-262-AH (P1) REV. 09 (05-15)

CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



Shanna White County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 woul enter "2011-2012.")
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

FOR ASSESSOR'S USE ONLY
Received
Approved
Denied
Reason for denial

	Received	
	Approved	
	Denied	
	Reason for denial	
L		
To receive the full exemption, this claim must be filed with the A	ssessor by February 15.	
$\hfill \Box$ Check here if you no longer seek an exemption at this location. Sign and	return this form to the Assessor.	
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	
Owner and operator: (check applicable boxes) Claimant is: □ Owner and operator □ Owner only □ Operator only		
and claims exemption on all	Personal property	
2. Are all buildings and equipment claimed as exempt used solely for religious worship, including	any building in the course of construction?	
☐ Yes ☐ No		
3. Is the land claimed as exempt required for the convenient use of these buildings? $\ \ \Box$ Yes $\ \ \Box$	No	
4. Is all real property used by the church upon which exemption is claimed for parking purpose parking of automobiles of persons attending or engaged in religious worship or religious act commercial purposes?		
☐ Yes ☐ No		
Commercial purposes does not include the parking of vehicles or bicycles, the revenue of whice costs of operating and maintaining the property for parking purposes. Leased property used for if the congregation of the church, religious congregation, or sect is no greater than 500 members.	parking purposes is eligible for exemption only	
5. List all uses of the property:		
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)?	includes licensed nursery schools, preschools,	
☐ 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, pursery school purposes, kindergarten p		

Religious Exemption. The Religious Exemption has a "one-time filing" provision and should be filed by February 15; contact the Assessor. The claimant may wish instead to annually file by February 15 for the Welfare Exemption.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less than collegiate grade, the claimant may qualify for the



EF-262-AH-R09-0515-53000454-2 BOE-262-AH (P2) REV. 09 (05-15)

	7. Is the real property listed on to OWNER NAME	his claim owned by the church? Yes	No If NO, state th	e name and address of o	wner:
Ves No	MAILING ADDRESS (NUMBER AN	D STREET/P. O. BOX)	CI	TY, STATE, ZIP CODE	
aeach year for the property, or portion of the property so used, to be exempt.	Yes No If YES, is Yes Note: The benefit of a prop that the church exemption payments, or a refund of suc	the congregation of the church, religious No If YES, the property, or portion there erty tax exemption must inure to the c is taken into account in fixing the tech payments, if paid, for each month of	eof, so used is not eligible hurch; if the lease or erms of agreement, the occupancy (or use), o	olle for exemption. rental agreement does in the church shall receive recrition thereof, during the control of	not specifically provide a reduction in renta
Note: Living quarters are not eligible for the Church or Religious Exemptions. Certain living quarters may be exempt under the Welfar Exemption. Contact the Assessor. 11. Is any portion of this property vacant and/or unused?	each year for the property, or	portion of the property so used, to be ex-	empt. Yes No		
Exemption. Contact the Assessor. 11. Is any portion of this property vacant and/or unused? Yes No If YES, describe that portion: 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 claima since 12:01 a.m., January 1 last year? Yes No No No No No No No N	10. Is any portion of this propert	y being used for living quarters for any p	erson? If YES, describe	e that portion:] No
If YES, describe that portion: 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 claima since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing address: CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) D. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attach additions sheets if necessary. NAME NAME NOTE: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) are the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? 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 proper listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessar) Whom should we contact during normal business hours for additional information? NAME Whom should we contact during normal business hours for additional information? NAME ITILE			xemptions. Certain livi	ng quarters may be exe	mpt under the Welfare
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NAME OF PERSON MAKING CLAIM DATE			·		
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