EF-262-AH-R09-0515-55000247-1 BOE-262-AH (P1) REV. 09 (05-15)

## **CHURCH EXEMPTION** PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



## **Ken Caetano Tuolumne County Assessor-Recorder**

2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

Email: assessor@tuolumnecounty.ca.gov

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

| (Make necessary corrections to the printed name and mailing address)  | FOR ASSESSOR'S USE ONLY  |
|---|--|
|   | Received   |
|   | Approved   |
|   | <u>Denied</u>  |
|   | Reason for denial  |
| L   |  |
| To receive the full exemption, this claim mus   | t be filed with the Assessor 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   |
| <ol> <li>Owner and operator: (check applicable boxes)</li> <li>Claimant is: ☐ Owner and operator ☐ Owner only ☐ Oper and claims exemption on all ☐ Land ☐ Buildings and improve</li> <li>Are all buildings and equipment claimed as exempt used solely for religion</li> <li>☐ Yes ☐ No</li> </ol>                      | ments and/or   Personal property   |
| 3. Is the land claimed as exempt required for the convenient use of these   | e buildings? ☐ Yes ☐ No  |
| 4. Is all real property used by the church upon which exemption is clai<br>parking of automobiles of persons attending or engaged in religious<br>commercial purposes?  | med for parking purposes necessarily and reasonably required for the worship or religious activity, and which is not at other times used for                                   |
| ☐ Yes ☐ No  |  |
|   | cles, the revenue of which does not exceed the ordinary and necessary<br>Leased property used for parking purposes is eligible for exemption only<br>greater than 500 members. |
| 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 ch<br>and infant care centers)?   | ildren's day care center includes licensed nursery schools, preschools,  |
| ☐ Yes ☐ No  |  |
| <b>Note</b> : If the answer is YES to a. or b. above, the property is not eligible for church and used for religious worship, preschool purposes, nursery school grade (grades 1 - 12), or for the purposes of both schools of collegiate grade Religious Exemption. The Religious Exemption has a "one-time filling" p | purposes, kindergarten purposes, school purposes of less than collegiate e and schools of less than collegiate grade, the claimant may qualify for the                         |

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claimant may wish instead to annually file by February 15 for the Welfare Exemption.

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| 7. Is the real property listed on this claim owned by the church?   | NO, state the name and address o   | f 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?  Yes No If YES, is the congregation of the church, religious denominated Yes No If YES, the property, or portion thereof, so used Note: The benefit of a property tax exemption must inure to the church; if the that the church exemption is taken into account in fixing the terms of agrayments, or a refund of such payments, if paid, for each month of occupancy one-twelfth of the property taxes not paid during such fiscal year by reason of the 9. Are bingo games being operated on this property? If YES, a claim for the Welfar each year for the property, or portion of the property so used, to be exempt.  10. Is any portion of this property being used for living quarters for any person? If Y Note: Living quarters are not eligible for the Church or Religious Exemptions. Exemption. Contact the Assessor.  11. Is any portion of this property vacant and/or unused? Yes No If YES, describe that portion: | d is not eligible for exemption.  The lease or rental agreement doe preement, the church shall receive (or use), or portion thereof, during the Church Exemption.  The Exemption must be filed with the Yes No  ES, describe that portion: Yes  Certain living quarters may be exempted. | s not specifically provide ve a reduction in rental go the fiscal year equal to Assessor by February 15  No  xempt under the Welfare |
| since 12:01 a.m., January 1 last year?   Yes   No  a. If property is leased to another church, provide the name and mailing addres  CHURCH NAME   | S:   |  |
| MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)   | CITY, STATE, ZIP CODE  |  |
| b. If property is leased to an organization other than a church, provide the name sheets if necessary.  | e, type of organization and frequenc   | cy of use; attach additiona  |
| NAME  | TYPE   | FREQUENCY  |
| NAME  | TYPE   | FREQUENCY  |
| Note: Property used by others (except for worship only) is not eligible for the Chu the user/operator both file a claim for the Welfare Exemption. Contact the Assess 13. Has there been any change in the use of the property or any construction com since 12:01 a.m., January 1 last year?   Yes No If YES, describe:  | or.  | , ,  |
| 14. Is any equipment or other property at this location being leased or rented from s  ☐ Yes ☐ No If YES, list the name and address of the owner and the type, m listed is not used exclusively for religious worship, please state to  Whom should we contact during normal business h   | ake, model, and serial number of the other uses of the property (attac   | h schedule as necessary)   |
| NAME  | TITLE  | ··   |
| DAYTIME TELEPHONE EMAIL ADDRESS   |  |  |
|   |  |  |
| I certify (or declare) under penalty of perjury under the laws of the State of California accompanying statements or documents, is true, correct, and comp  |  |  |
| SIGNATURE OF PERSON MAKING CLAIM  | TITLE  |  |
| NAME OF PERSON MAKING CLAIM   | DATE   |  |

