EF-262-AH-R08-0514-05000827-1 BOE-262-AH (P1) REV. 08 (05-14)

CHURCH EXEMPTION **PROPE**



Larie Durham Calaveras County Assessor

891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356 assessorpublic@co.calaveras.ca.us

| CH EXEINIP HON | 1 |
|-----------------------------------------------------------------------------------------------------|-----|
| ERTY USED SOLELY FOR RELIGIOUS WORSH | IIP |
| | |
| This claim is filed for fiscal year 20 20_ (Example: a person filing a timely claim in January 2 | |

| , | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) | FOR ASSESSORIS HOT ONLY |
| Г | FOR ASSESSOR'S USE ONLY |
| | Received |
| | Approved |
| | <u>Denied</u> |
| | Reason for denial |
| ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | Assessor by February 15 |
| NAME OF CHURCH, ORGANIZATION, ETC. | Assessor by rebludly 10. |
| | |
| 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 |
| Claimant is: | 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 |
| 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)? | r 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. church and used for religious worship, preschool purposes, nursery school purposes, kindergarten grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less that Religious Exemption. The Religious Exemption has a "one-time filing" provision and should be claimant may wish instead to annually file by February 15 for the Welfare Exemption. | purposes, school purposes of less than collegiate in collegiate grade, the claimant may qualify for the |

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| 7. Is the real property listed on this claim Yes No If NO, state the name | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OWNER NAME | | |
| MAILING ADDRESS (NUMBER AND STREE | ET/P. O. BOX) | CITY, STATE, ZIP CODE |
| B. Is leased property, if any, used by the church for parking purposes? \[Yes \[No \] No \] If YES, is the congregation of the church, religious denomination, or sect greater than 500 members? | | |
| ☐ Yes ☐ No If Y | ES, the property, or portion thereof, so used is not e | ligible for exemption. |
| that the church exemption is take payments, or a refund of such paym | n into account in fixing the terms of agreemen | or rental agreement does not specifically provide t, the church shall receive a reduction in rental), or portion thereof, during the fiscal year equal to Exemption. |
| | this property? If YES, a claim for the Welfare Exemptof the property so used, to be exempt. | otion must be filed with the Assessor by February 15 |
| 10. Is any portion of this property being☐ Yes ☐ No | used for living quarters for any person? If YES, desc | cribe that portion: |
| Note: Living quarters are not eligible Exemption. Contact the Assessor. | e for the Church or Religious Exemptions. Certain | living quarters may be exempt under the Welfare |
| 11. Is any portion of this property vacan | t and/or unused? | |
| ☐ Yes ☐ No If YES, describe the | nat portion: | |
| 12. Has any portion of this property been since 12:01 a.m., January 1 last yea | | some person or organization other than the claimant |
| Yes No If YES, describe: | | |
| If property is leased to another churc CHURCH NAME | h, provide the name and mailing address: | |
| MAILING ADDRESS (NUMBER AND STREE | ET/P. O. BOX) | CITY, STATE, ZIP CODE |
| | | |
| Note: Property used by others (excepthe user/operator both file a claim for | ot for worship only) is not eligible for the Church Exer the Welfare Exemption. Contact the Assessor. | mption. It may be exempt if the claimant (owner) and |
| 13. Has there been any change in the since 12:01 a.m., January 1 last year | use of the property or any construction commenced r? | I and/or completed on this property |
| Yes No If YES, describe: | | |
| 14. Is any equipment or other property a | at this location being leased or rented from someone | else? |
| | | del, and serial number of the property. If the property uses of the property (attach schedule as necessary). |
| Whom should | I we contact during normal business hours for | r additional information? |
| NAME | . The contract daming from all successions from the | TITLE |
| DAYTIME TELEPHONE | EMAIL ADDRESS | |
| () | LIMAL ADDINESS | |
| | CERTIFICATION | |
| | rjury under the laws of the State of California that the nts or documents, is true, correct, and complete to to | e foregoing and all information hereon, including any he best of my knowledge and belief. |
| SIGNATURE OF PERSON MAKING CLAIM | , , , , , , , , , , , , , , , , , , , | TITLE |
| NAME OF PERSON MAKING CLAIM | | DATE |

