EF-262-AH-R07-0512-08000781-1 BOE-262-AH (P1) REV. 07 (05-12)

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



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## **Louise Wilson Assessor**

981 H Street, Suite 120 Crescent City, CA 95531 Telephone: (707) 464-7200

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)

To receive the full exemption, this claim must be filed with the Assessor 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
<ol> <li>Owner and operator: (check applicable boxes)         Claimant is:</li></ol>	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?	
6. a. is an elementary school and/or secondary school being operated at this location?  Yes \sum No	
<ul> <li>b. Is a children's day care center being operated at this location (a children's day care center and infant care centers)?</li> </ul>	r 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 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	purposes, school purposes of less than collegiate

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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.

7. Is the real property listed on this cla		
OWNER NAME		
MAILING ADDRESS (NUMBER AND STR	EET/P. O. BOX)	CITY, STATE, ZIP CODE
8. Is leased property, if any, used by t	he church for parking purposes?	1
Yes No If YES, is the co	ongregation of the church, religious denomination, or se	ect greater than 500 members?
☐ Yes ☐ No I	f YES, the property, or portion thereof, so used is not e	ligible for exemption.
that the church exemption is ta payments, or a refund of such payments	ax exemption must inure to the church; if the lease ken into account in fixing the terms of agreemen yments, if paid, for each month of occupancy (or use of paid during such fiscal year by reason of the Church	t, the church shall receive a reduction in rental), or portion thereof, during the fiscal year equal to
	n this property? If YES, a claim for the Welfare Exempon of the property so used, to be exempt.	tion must be filed with the Assessor by February 15
<ul><li>10. Is any portion of this property bein</li><li>☐ Yes ☐ No</li></ul>	ng used for living quarters for any person? If YES, desc	ribe that portion:
Exemption. Contact the Assessor.	ible for the Church or Religious Exemptions. Certain	living quarters may be exempt under the Welfare
11. Is any portion of this property vaca	ant and/or unused?	
Yes No If YES, describe	e that portion:	
12. Has any portion of this property be since 12:01 a.m., January 1 last y	en rented to, leased to, or been used and/or operated by ear?	some person or organization other than the claimant
Yes No If YES, describe:		
If property is leased to another chu CHURCH NAME	rch, provide the name and mailing address:	
MAILING ADDRESS (NUMBER AND STR	EET/P. O. BOX)	CITY, STATE, ZIP CODE
	cept for worship only) is not eligible for the Church Exer or the Welfare Exemption. Contact the Assessor.	nption. It may be exempt if the claimant (owner) and
13. Has there been any change in th since 12:01 a.m., January 1 last y  ☐ Yes ☐ No If YES, describe		and/or completed on this property
res no _ ii res, describe		
14. Is any equipment or other propert	y at this location being leased or rented from someone	else?
Yes No If YES, list the na	ame and address of the owner and the type, make, mo exclusively for religious worship, please state the other	del, and serial number of the property. If the property
·	ald we contact during normal business hours for	
NAME		TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	-
( )	CERTIFICATION	
CERTIFICATION		
accompanying stater	perjury under the laws of the State of California that the ments or documents, is true, correct, and complete to t	ne best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		TITLE
NAME OF PERSON MAKING CLAIM		DATE

