EF-262-AH-R10-0519-08000414-1

BOE-262-AH (P1) REV. 10 (05-19)

CHURCH EXEMPTION

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

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



Jennifer Perry, Assessor County of Del Norte

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

(Make necessary corrections to the printed name and mailing address)		
Γ	٦	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L		
To receive the full exemption, this clair Check here if you no longer seek an exemption 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
Claimant is:	mprovements and/or or for religious worship, incomposed of these buildings? In is claimed for parking peligious worship or religion or bicycles, the revenue poses. Leased property uses.	urposes necessarily and reasonably required for the ous activity, and which is not at other times used for of which does not exceed the ordinary and necessary sed for parking purposes is eligible for exemption only
6. a. Is an elementary school and/or secondary school being ope Yes No b. Is a children's day care center being operated at this location and infant care centers)?		center includes licensed nursery schools, preschools



7. Is the real property listed or	this claim owned by the church?	☐ No If NO, state the name	and address of owner:	
OWNER NAME				
MAILING ADDRESS (NUMBER A	AND STREET/P. O. BOX)	CITY, STATE	E, ZIP CODE	
Yes No If YES, i	sed by the church for parking purposes? s the congregation of the church, religious de No If YES, the property, or portion thereof,	-		
specifically provide that the rental payments, or a refund	perty tax exemption must inure to the church church exemption is taken into account in fix I of such payments, if paid, for each month of axes not paid during such fiscal year by reaso	king the terms of agreement, occupancy (or use), or portio	, the church shall receive a reduction in in thereof, during the fiscal year equal to	
	erated on this property? If YES, a claim for the property so used, to be exem		e filed with the Assessor by February 15	
10. Is any portion of this prope	erty being used for living quarters for any pers	on? If YES, describe that por	rtion: Yes No	
Note: Living quarters are Exemption. Contact the Ass	not eligible for the Church or Religious Exe sessor.	mptions. Certain living quart	ters may be exempt under the Welfare	
11. Is any portion of this prope If YES, describe that portion	erty vacant and/or unused?			
12. Has any portion of this propsince 12:01 a.m., January	perty been rented to, leased to, or been used an 1 last year?	nd/or operated by some perso	on or organization other than the claimant	
a. If property is leased to a CHURCH NAME	nother church, provide the name and mailing	address:		
MAILING ADDRESS (NUMBER A	AND STREET/P. O. BOX)	CITY, STATE	CITY, STATE, ZIP CODE	
	n organization other than a church, provide th	e name, type of organization	n and frequency of use; attach additional	
sheets if necessary. NAME		TYPE	FREQUENCY	
NAME		TVDE	FREQUENCY	
NAIVIE		TYPE	FREQUENCY	
the user/operator both file a 13. Has there been any changes since 12:01 a.m., January 14. Is any equipment or other Yes No If YES, lis	ers (except for worship only) is not eligible for claim for the Welfare Exemption. Contact the ge in the use of the property or any construct last year? Yes No If YES, described property at this location being leased or rentest the name and address of the owner and the ot used exclusively for religious worship, please	e Assessor. etion commenced and/or come: ed from someone else? e type, make, model, and seri	npleted on this property al number of the property. If the property	
W/s			Linformation 2	
NAME	m should we contact during normal bus	iness nours for additiona	TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS			
()	EMAIL ADDRESS			
	CERTIFICA	ATION		
accompanyin	alty of perjury under the laws of the State of (g statements or documents, is true, correct, a			
SIGNATURE OF PERSON MAKING CLAI	М		TITLE	
NAME OF PERSON MAKING CLAIM			DATE	

