	(661) 868-3485
Г	FOR ASSESSOR'S USE ONLY
	Received
	Approved
	Denied
I	Reason for denial
m must be filed with	the Assessor by February 15.
at this location. Sig	n and return this form to the Assessor.
	ASSESSOR'S PARCEL NUMBER
	DATE PROPERTY WAS FIRST USED BY CLAIM
improvements and/or ly for religious worship, in e of these buildings? on is claimed for parking religious worship or religi s or bicycles, the revenue	purposes necessarily and reasonably required fo ious activity, and which is not at other times use of which does not exceed the ordinary and neces used for parking purposes is eligible for exemption
erated at this location? ion (a children's day care	e center includes licensed nursery schools, presch
ery school purposes, kinde giate grade and schools of	mption. If the property is both owned and operated b ergarten purposes, school purposes of less than colle less than collegiate grade, the claimant may qualify fo be filed by February 15; contact the Assessor. The clai
	m must be filed with a at this location. Sig Departed only improvements and/or by for religious worship, in a of these buildings? on is claimed for parking religious worship or religing s or bicycles, the revenue religious worship or religing erated at this location? ion (a children's day care eligible for the Church Exe ery school purposes, kinde giate grade and schools of ing" provision and should b

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7. Is the real property listed on this claim owned by the church? Yes No If NO, state the name and address of owner:

7. Is the real property listed on this of	claim owned by the church?	No If NO, state the name and address of	owner:	
OWNER NAME				
MAILING ADDRESS (NUMBER AND S	REET/P. O. BOX)	CITY, STATE, ZIP CODE		
	congregation of the church, religious d	lenomination, or sect greater than 500 membe f, so used is not eligible for exemption.	rs?	
specifically provide that the church rental payments, or a refund of su	h exemption is taken into account in f ch payments, if paid, for each month o	ch; if the lease or rental agreement for any le fixing the terms of agreement, the church sha of occupancy (or use), or portion thereof, during son of the Church Exemption. The assessor ma	Il receive a reduction in the fiscal year equal to	
	on this property? If YES, a claim for the property so used, to be exer	he Welfare Exemption must be filed with the A mpt. Yes No	ssessor by February 15	
10. Is any portion of this property be	ing used for living quarters for any per	rson? If YES, describe that portion: 🏾 Yes 🗌	No	
Note: Living quarters are not el Exemption. Contact the Assessor		emptions. Certain living quarters may be exe	empt under the Welfare	
11. Is any portion of this property va If YES, describe that portion:	cant and/or unused? 🗌 Yes 🗌 No			
12. Has any portion of this property b since 12:01 a.m., January 1 last		and/or operated by some person or organization	n other than the claimant	
a. If property is leased to anothe CHURCH NAME	r church, provide the name and mailing	g address:		
MAILING ADDRESS (NUMBER AND S	REET/P. O. BOX)	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	
 b. If property is leased to an organized sheets if necessary. 	anization other than a church, provide	the name, type of organization and frequency	of use; attach additional	
NAME		TYPE	FREQUENCY	
NAME		ТҮРЕ	FREQUENCY	
the user/operator both file a claim	for the Welfare Exemption. Contact the use of the property or any constru	iction commenced and/or completed on this p		
Yes No If YES, list the		ted from someone else? ne type, make, model, and serial number of the ase state the other uses of the property <i>(attach</i>		
Whom she	ould we contact during normal bus	siness hours for additional information?		
NAME		TITLE		
DAYTIME TELEPHONE ()	EMAIL ADDRESS			
	CERTIFIC	ATION		
I certify (or declare) under penalty o	f perjury under the laws of the State of	f California that the foregoing and all information	on hereon, including any	

accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM

NAME OF PERSON MAKING CLAIM	DATE

