263-C-R03-0522-15000238-1 BOE-263-C (P1) REV. 03 (05-22) CHURCH LESSORS' EXEMPTION CL	AIM	SUNCOUNT * *	Kern Exemp	Avila County Assessor and Recorde tions Division ruxtun Ave
PROPERTY LEASED BY A CHURCH TO A SCHOOL, COMMUNITY COLLEGE, STATE STATE UNIVERSITY, INCLUDING THE UN CALIFORNIA, USED JOINTLY WITH A CHI	PUBLIC E COLLEGE, OR IVERSITY OF	Self-ognit	Bakers	field, CA 93301-4639 68-3485
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and	nd mailing address)	П		
				e the full exemption, this claim mu ith the Assessor by February 15.
If you no longer seek an exemption at this loca	ition, check here 🔲 S	ign and return this	form to the Asse	essor. Date vacated:
IDENTIFICATION OF APPLICANT				
LESSOR'S CHURCH OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
IDENTIFICATION OF PROPERTY				
ADDRESS OF PROPERTY (NUMBER AND STREET)				
ADDRESS OF PROPERTY (NUMBER AND STREET)				FISCAL YEAR OF CLAI 20 20 ASSESSOR'S PARCEL NUMBER
· · ·				20 20
CITY, COUNTY, ZIP CODE	e primary and insident		of the property	20 20
· · ·	property: (if there are		ties, please atta	ASSESSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP CODE USE OF PROPERTY Check and state the	property: <i>(if there are property ar</i>	e numerous proper	ties, please atta	ASSESSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP CODE USE OF PROPERTY Solution Claim is made for the following	property: <i>(if there are property ar</i>	e numerous proper nd the name and a	ties, please atta	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see)
CITY, COUNTY, ZIP CODE USE OF PROPERTY Check and state the The exemption claim is made for the following PROPERTY TYPE	property: <i>(if there are property ar</i>	e numerous proper nd the name and a	ties, please atta	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see)
CITY, COUNTY, ZIP CODE USE OF PROPERTY Solution Claim is made for the following PROPERTY TYPE Land Buildings and Improvements Personal Property	property: (if there are property ar PRIM	e numerous proper nd the name and a	ties, please atta	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see)
CITY, COUNTY, ZIP CODE USE OF PROPERTY Check and state th The exemption claim is made for the following PROPERTY TYPE Land Buildings and Improvements	property: (if there are property ar PRIM	e numerous proper nd the name and a	ties, please atta	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see)
CITY, COUNTY, ZIP CODE USE OF PROPERTY Solution Check and state the The exemption claim is made for the following PROPERTY TYPE Land Buildings and Improvements Personal Property	property: (if there are property ar PRIM	e numerous proper nd the name and a	ties, please atta ddress of the les	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see)
CITY, COUNTY, ZIP CODE USE OF PROPERTY Solution Check and state the The exemption claim is made for the following PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS	property: (if there are property ar PRIM	a numerous proper ad the name and a ARY USE(S)	ties, please atta ddress of the les	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see) INCIDENTAL USE TATE, ZIP CODE
CITY, COUNTY, ZIP CODE USE OF PROPERTY Check and state the The exemption claim is made for the following PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION	y the church in the for	m of rents, fees, c	ties, please atta ddress of the les CITY, S	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see) INCIDENTAL USE TATE, ZIP CODE
CITY, COUNTY, ZIP CODE USE OF PROPERTY Solution Description claim is made for the following PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received b	property: (if there are property ar PRIM	m of rents, fees, of	ties, please atta ddress of the les	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see) INCIDENTAL USE TATE, ZIP CODE the lease does not exceed the ordina
CITY, COUNTY, ZIP CODE USE OF PROPERTY S Check and state the The exemption claim is made for the following PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received b and usual expenses in main	property: (if there are property ar PRIM	m of rents, fees, of	ties, please atta ddress of the les	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see) INCIDENTAL USE TATE, ZIP CODE the lease does not exceed the ordina
CITY, COUNTY, ZIP CODE USE OF PROPERTY S Check and state the The exemption claim is made for the following PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received b and usual expenses in main	y the church in the for taining and operating in which the lesse CERT	m of rents, fees, of the leased properties the leased properties the leased properties the leased properties the leased properties t	ties, please atta ddress of the les CITY, S or charges from erty. ses the propo	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see) INCIDENTAL USE TATE, ZIP CODE the lease does not exceed the ordina erty for exempt purposes. and all information hereon, including and
CITY, COUNTY, ZIP CODE USE OF PROPERTY ✓ Check and state the The exemption claim is made for the following PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received be and usual expenses in main An affidavit must be attached I certify (or declare) under penalty of perjury u	y the church in the for taining and operating in which the lesse CERT	m of rents, fees, of the leased properties the leased properties the leased properties the leased properties the leased properties t	ties, please atta ddress of the les CITY, S or charges from erty. ses the propo	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see) INCIDENTAL USE TATE, ZIP CODE the lease does not exceed the ordina erty for exempt purposes. and all information hereon, including and
CITY, COUNTY, ZIP CODE USE OF PROPERTY ✓ Check and state the The exemption claim is made for the following PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received be and usual expenses in main An affidavit must be attached I certify (or declare) under penalty of perjury und accompanying statement	y the church in the for taining and operating in which the lesse CERT	m of rents, fees, of the leased properties the leased properties the leased properties the leased properties the leased properties t	ties, please atta ddress of the les CITY, S or charges from erty. ses the propo	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see) INCIDENTAL USE TATE, ZIP CODE the lease does not exceed the ordina erty for exempt purposes. and all information hereon, including an owledge and belief.
CITY, COUNTY, ZIP CODE USE OF PROPERTY ☐ Check and state th The exemption claim is made for the following PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTIO MAILING ADDRESS Yes No The total income received b and usual expenses in mair An affidavit must be attached I certify (or declare) under penalty of perjury u accompanying statemer SIGNATURE OF PERSON MAKING CLAIM	y the church in the for taining and operating in which the lesse CERT	m of rents, fees, of the leased properties the leased properties the leased properties the leased properties the leased properties t	ties, please atta ddress of the les CITY, S or charges from erty. ses the propo	20 20 ASSESSOR'S PARCEL NUMBER ch a list that clearly identifies the see) INCIDENTAL USE TATE, ZIP CODE the lease does not exceed the ordina erty for exempt purposes. and all information hereon, including an owledge and belief. DATE



INSTRUCTIONS FOR FILING CHURCH LESSORS' EXEMPTION CLAIM

IMPORTANT NOTICE

This claim may be filed to claim the welfare exemption on property leased by a church to a public school, community college, state college, state university, including the University of California when the church and public school or college both use the property in a joint manner. (See Revenue and Taxation Code section 214.6.)

Although the church has previously been granted the religious exemption, which only requires a one-time filing, annual filing of this claim form is required for a property used in conjunction with a public school to be granted the welfare exemption.

Failure to submit the public school or college lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the lessors' claim form is due will result in a portion of the exemption being denied. A sample affidavit is included as page 3 of this form.

IDENTIFICATION OF APPLICANT

Enter your church, corporate or organization information.

IDENTIFICATION OF PROPERTY

Enter the address of the property for which you are seeking exemption.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

USES OF PROPERTY

Check each of the types of property being claimed, and state the primary and incidental uses of the property. Primary use may include both church and school use; incidental uses would include others who use the property for meetings, receptions, etc.

Enter the name and address of the public school or college lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Check the appropriate box to affirm that the total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property. The exemption is not available if the income exceeds the ordinary and usual expenses in maintaining and operating the leased property.

Attach an affidavit in which the public school or college lessee declares it uses the property for exempt purposes.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.



RETURN THIS AFFIDAVIT TO LESSOR	AFFIDAVIT FOR EX	ECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES
NAME OF QUALIFYING PU	IBLIC SCHOOL LESSEE	
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
$\overline{\checkmark}$ Check the type of g	qualifying use of the prope	rty
	ITY COLLEGE	UNIVERSITY OF CALIFORNIA
STATE CC	DLLEGE	
NAME OF CHURCH		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
DATE LEASE SIGNED		COMMENCEMENT DATE OF LEASE
The following property etc. Attach a separate I	is leased as of January 1	SESSOR MAY REQUEST A COPY OF THE LEASE AGREEMENT of this year. If personal property is being leased, indicate the type, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)		PROPERTY DESCRIPTION

ny this affidavit. Property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's ipa gross income.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	DATE			
NAME OF PERSON MAKING CLAIM	TITLE			
EMAIL ADDRESS	DAYTIME TELEPHONE			
	()			

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION