EF-262-AH-R10-0519-16000479-1

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

CHURCH EXEMPTION

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

This claim is filed for fiscal year 20_ (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)	
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Kristine Lee **Kings County Assessor**

1400 W. Lacey Blvd. Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name	ne and mailing address)	
Г	٦	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L	ا	
	emption, this claim must be filed with the A	-
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 STREE	T)	ASSESSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP CODE		DATE PROPERTY WAS FIRST USED BY CLAIMANT
and claims exemption on all Land 2. Are all buildings and equipment claimed and Yes No 3. Is the land claimed as exempt required for Yes No 4. Is all real property used by the church of parking of automobiles of persons attendommercial purposes? Yes No Commercial purposes does not include the costs of operating and maintaining the presence of the costs of operating and maintaining the presence of the costs of operating and maintaining the presence of the claim of the costs of operating and maintaining the presence of the claim	as exempt used solely for religious worship, including	ses necessarily and reasonably required for the ctivity, and which is not at other times used for the ctivity, and which is not at other times used for the ctivity, and necessary is a comparable to the comparts of the comparts of the comparts of the comparable to
☐ Yes ☐ No	dary school being operated at this location?	r included licensed nurses a set sele asset server le
and infant care centers)?	operated at this location (a children's day care center	r includes licensed nursery schools, preschools
church and used for religious worship, pres grade (grades 1 - 12), or for the purposes of	ve, the property is not eligible for the Church Exemption. school purposes, nursery school purposes, kindergarten of both schools of collegiate grade and schools of less that otion has a "one-time filing" provision and should be filed by	purposes, school purposes of less than collegiate an collegiate grade, the claimant may qualify for the



may wish instead to annually file by February 15 for the Welfare Exemption.

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	E, 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	M		TITLE
NAME OF PERSON MAKING CLAIM			DATE

