EF-262-AH-R10-0519-16000492-1

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.")

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 and mailing address)	
Г	FOR ASSESSOR'S USE ONLY
	Received
	Approved
	Denied
	Reason for denial
L	
•	m must be filed with the Assessor by February 15. at this location. Sign and return this form to the Assessor.
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 CLAIMAN
and claims exemption on all	of these buildings? In is claimed for parking purposes necessarily and reasonably required for the eligious worship or religious activity, and which is not at other times used to or bicycles, the revenue of which does not exceed the ordinary and necessarily purposes. Leased property used for parking purposes is eligible for exemption or
and infant care centers)? Yes No Note: If the answer is YES to a. or b. above, the property is not church and used for religious worship, preschool purposes, nurs	rated at this location? on (a children's day care center includes licensed nursery schools, preschools, preschool

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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

OWNER NAME				
MAILING ADDRESS (NUMBER	AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE		
☐ Yes ☐ No If YES,	ised by the church for parking purposes? is the congregation of the church, religious do No If YES, the property, or portion thereof	=	embers?	
specifically provide that the rental payments, or a refun	perty tax exemption must inure to the church e church exemption is taken into account in fi d of such payments, if paid, for each month of taxes not paid during such fiscal year by reas	xing the terms of agreement, the church occupancy (or use), or portion thereof, d	shall receive a reduction in luring the fiscal year equal to	
	erated on this property? If YES, a claim for the or portion of the property so used, to be exen		the Assessor by February 1	
10. Is any portion of this prop	erty being used for living quarters for any per	son? If YES, describe that portion: Yes	es 🗌 No	
Note: Living quarters are Exemption. Contact the As	not eligible for the Church or Religious Exessessor.	emptions. Certain living quarters may be	e exempt under the Welfar	
 Is any portion of this prop If YES, describe that porti 	erty vacant and/or unused?			
	perty been rented to, leased to, or been used a / 1 last year?	and/or operated by some person or organia	zation other than the claimar	
	another church, provide the name and mailing	address:		
MAILING ADDRESS (NUMBER	AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	
b. If property is leased to	an organization other than a church, provide t	he name, type of organization and freque	ency of use; attach additiona	
sheets if necessary.				
NAME		TYPE	FREQUENCY	
NAME		TYPE	FREQUENCY	
	ners (except for worship only) is not eligible fo		ot if the claimant (owner) an	
•	a claim for the Welfare Exemption. Contact th nge in the use of the property or any constru		his property	
	/ 1 last year? ☐ Yes ☐ No If YES, describ			
14. Is any equipment or other	r property at this location being leased or rent	ed from someone else?		
Yes No If YES, I	ist the name and address of the owner and the	e type, make, model, and serial number o		
listed is	not used exclusively for religious worship, plea	se state the other uses of the property (at	tach schedule as necessary,	
Who	om should we contact during normal bus	siness hours for additional informati	on?	
NAME		TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS			
()	CERTIFIC	ATION		
certify (or declare) under pe	nalty of perjury under the laws of the State of		mation hereon, including an	
accompanyir	ng statements or documents, is true, correct, a	and complete to the best of my knowledg		
SIGNATURE OF PERSON MAKING CLA	AIM	TITLE		
•				

