EF-262-AH-R09-0515-17000512-1 BOE-262-AH (P1) REV. 09 (05-15)

CHURCH EXEMPTION



 \neg

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 (Make necessary corrections to the printed name and mailing address) **Richard Ford County Assessor-Recorder**

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

FOR ASSESSOR'S USE ONLY				
Received				
Approved				
<u>Denied</u>				
Reason for denial				
sor by February 15.				
oo by rebruary 13.				
us this forms to the Assessm				

	Received
	Approved
	Denied
	Reason for denial
To receive the full exemption, this claim must be filed wi	ith the Assessor by February 15.
☐ Check here if you no longer seek an exemption at this location. S	•
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
1. Owner and operator: (check applicable boxes)	
Claimant is: ☐ Owner and operator ☐ Owner only ☐ Operator only	
and claims exemption on all	/or ☐ Personal property
2. Are all buildings and equipment claimed as exempt used solely for religious worship,	
	moduling any ballang in the bodies of concetablish.
☐ Yes ☐ No	
3. Is the land claimed as exempt required for the convenient use of these buildings?	Yes No
4. Is all real property used by the church upon which exemption is claimed for parkir parking of automobiles of persons attending or engaged in religious worship or re commercial purposes?	
☐ Yes ☐ No	
Commercial purposes does not include the parking of vehicles or bicycles, the rever costs of operating and maintaining the property for parking purposes. Leased proper if the congregation of the church, religious congregation, or sect is no greater than 50	ty used for parking purposes is eligible for exemption only
5. List all uses of the property:	
6. a. Is an elementary school and/or secondary school being operated at this location?	
☐ Yes ☐ No	
b. Is a children's day care center being operated at this location (a children's day ca and infant care centers)?	are center includes licensed nursery schools, preschools,
☐ Yes ☐ No	
Note : If the answer is YES to a. or b. above, the property is not eligible for the Church Exchurch and used for religious worship, preschool purposes, pursery school purposes, king	

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



grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less than collegiate grade, the claimant may qualify for the Religious Exemption. The Religious Exemption has a "one-time filing" provision and should be filed by February 15; contact the Assessor. The EF-262-AH-R09-0515-17000512-2 BOE-262-AH (P2) REV. 09 (05-15)

Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) and the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe: 14. Is any equipment or other property at this location being leased or rented from someone else? Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary) Whom should we contact during normal business hours for additional information? NAME ITILE	7. Is the real property listed on to the owner NAME	his claim owned by the church?	No If NO, state the	e name and address of ov	wner:
Yes No	MAILING ADDRESS (NUMBER AN	ID STREET/P. O. BOX)	CIT	TY, STATE, ZIP CODE	
aeach year for the property, or portion of the property so used, to be exempt.	Yes No If YES, is Yes Note: The benefit of a proper that the church exemption payments, or a refund of su	the congregation of the church, religious No If YES, the property, or portion there exists tax exemption must inure to the constant in its staken into account in fixing the tech payments, if paid, for each month of	eof, so used is not eligib church; if the lease or erms of agreement, the coccupancy (or use), or	le for exemption. rental agreement does noted to the control of th	not specifically provide a reduction in renta
Note: Living quarters are not eligible for the Church or Religious Exemptions. Certain living quarters may be exempt under the Welfare Exemption. Contact the Assessor. 11. Is any portion of this property vacant and/or unused? Yes No If YES, describe that portion: 12. Has any portion of this property been rented to, leased to, or been used and/or operated by some person or organization other than the claiman since 12:01 a.m., January 1 last year? Yes No No No No No No No N	each year for the property, or	portion of the property so used, to be ex	empt. Yes No		
Exemption. Contact the Assessor. 11. Is any portion of this property vacant and/or unused?	10. Is any portion of this proper	ty being used for living quarters for any p	erson? If YES, describe	that portion: Yes	No
If YES, describe that portion: 12. Has any portion of this property been rented to, leased to, or been used and/or operated by some person or organization other than the claiman since 12.01 a.m., January 1 last year?			Exemptions. Certain livir	ng quarters may be exer	mpt under the Welfare
since 12:01 a.m., January 1 last year?			lo		
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attach additions sheets if necessary. NAME TYPE FREQUENCY NAME NAME TYPE FREQUENCY Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) and the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe: 14. Is any equipment or other property at this location being leased or rented from someone else? Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary) Whom should we contact during normal business hours for additional information? NAME OAYTIME TELEPHONE EMAIL ADDRESS CERTIFICATION ITILE TITLE SIGNATURE OF PERSON MAKING CLAIM TITLE	since 12:01 a.m., January 1 a. If property is leased to ar	last year? Yes No		me person or organization	other than the claimant
b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attach additions sheets if necessary. NAME TYPE FREQUENCY NAME TYPE FREQUENCY NAME TYPE FREQUENCY NOTE: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) and the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe: 14. Is any equipment or other property at this location being leased or rented from someone else? Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary) Whom should we contact during normal business hours for additional information? NAME DAYTIME TELEPHONE EMAIL ADDRESS CERTIFICATION ITTLE CERTIFICATION TITLE SIGNATURE OF PERSON MAKING CLAIM TITLE SIGNATURE OF PERSON MAKING CLAIM	CHURCH NAME				
Sheets if necessary. NAME NAME TYPE FREQUENCY NAME TYPE FREQUENCY Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) and the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe: 14. Is any equipment or other property at this location being leased or rented from someone else? Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary) Whom should we contact during normal business hours for additional information? NAME DAYTIME TELEPHONE CERTIFICATION	MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	Cl	TY, STATE, ZIP CODE	
Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) and the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes \(\) No If YES, describe: 14. Is any equipment or other property at this location being leased or rented from someone else? \[\] Yes \(\) No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary) \[\] Whom should we contact during normal business hours for additional information? \[\] \[organization other than a church, provi	de the name, type of org	anization and frequency of	of use; attach additiona
Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) and the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe: 14. Is any equipment or other property at this location being leased or rented from someone else? Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary) Whom should we contact during normal business hours for additional information? NAME	NAME		TY	PE .	FREQUENCY
the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe: 14. Is any equipment or other property at this location being leased or rented from someone else? Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary) Whom should we contact during normal business hours for additional information? NAME DAYTIME TELEPHONE () 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, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM	NAME		77	/PE	FREQUENCY
13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe: 14. Is any equipment or other property at this location being leased or rented from someone else? Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary) Whom should we contact during normal business hours for additional information? NAME DAYTIME TELEPHONE EMAIL ADDRESS 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, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM				on. It may be exempt if the	e claimant (owner) and
Whom should we contact during normal business hours for additional information? Whom should we contact during normal business hours for additional information? NAME DAYTIME TELEPHONE () 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, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM	13. Has there been any change since 12:01 a.m., January 1	e in the use of the property or any const last year? Yes No If YES, des	ruction commenced and cribe:	d/or completed on this pro	operty
DAYTIME TELEPHONE () 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, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE	Yes No If YES, list	the name and address of the owner and	the type, make, model,	and serial number of the	
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, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE	Whom	should we contact during normal b	ousiness hours for ad	ditional information?	
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, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE	NAME			TITLE	
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, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE	DAYTIME TELEPHONE	EMAIL ADDRESS			
accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE	()	CERTIF	CATION		
SIGNATURE OF PERSON MAKING CLAIM TITLE					
NAME OF PERSON MAKING CLAIM DATE	SIGNATURE OF PERSON MAKING CLAIM	· · · ·	·		
	NAME OF PERSON MAKING CLAIM			DATE	

