262-AH-R11-0522-29000363-1 BOE-262-AH (P1) REV. 11 (05-22) 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.")	COULT OF NOT	Rolf D. Kleinhans Nevada County Assessor 950 Maidu Avenue P.O. Box 599002 Nevada City, CA 95959-7902 Telephone (530) 265-1232 Fax (530) 265-9858 assessor@nevadacountyca.gov	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)			
Г	Г	FOR ASSESSOR'S USE ONLY	
		Received	
		Approved	
		Denied	
L	I	Reason for denial	
To receive the full exemption, this claim m	ມust be filed with the Asse	essor by February 15.	
If you no longer seek an exemption at this location, check h			
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 CLAIM	1ANT
 2. Are all buildings and equipment claimed as exempt used solel Yes No 3. Is the land claimed as exempt required for the convenient use Yes No 4. Is all real property used by the church upon which exemption parking of automobiles of persons attending or engaged in a commercial purposes? Yes No Commercial purposes does not include the parking of vehicles costs of operating and maintaining the property for parking purifithe congregation of the church, religious congregation, or sets. List all uses of the property: 	improvements and/or ly for religious worship, includ e of these buildings? on is claimed for parking pur religious worship or religious as or bicycles, the revenue of imposes. Leased property use ect is no greater than 500 me	rposes necessarily and reasonably required fo is activity, and which is not at other times use f which does not exceed the ordinary and nece ed for parking purposes is eligible for exemptior	or the ed for
 6. a. Is an elementary school and/or secondary school being operated at this location of the second secon	ion (a children's day care cel eligible for the Church Exempt ery school purposes, kinderga giate grade and schools of less ling" provision and should be fi	ption. If the property is both owned and operated b arten purposes, school purposes of less than colle ss than collegiate grade, the claimant may qualify fo	by the egiate
	SUBJECT TO PUBLIC IN	NSPECTION	

EF-

3OE-262-AH (P2) REV. 11 (05-22)		
7. Is the real property listed on this claim owned by the church? \square Yes \square N	No If NO, state the name and addres	s of owner:
OWNER NAME		
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
 B. Is leased property, if any, used by the church for parking purposes? Yes No If YES, is the congregation of the church, religious deno Yes No If YES, the property, or portion thereof, so 		mbers?
Note: The benefit of a property tax exemption must inure to the church; if specifically provide that the church exemption is taken into account in fixing rental payments, or a refund of such payments, if paid, for each month of occone-twelfth of the property taxes not paid during such fiscal year by reason of lease or rental agreement.	g the terms of agreement, the church cupancy (or use), or portion thereof, du	shall receive a reduction in uring the fiscal year equal to
 Are bingo games being operated on this property? If YES, a claim for the V each year for the property, or portion of the property so used, to be exempt. 		he Assessor by February 15
0. Is any portion of this property being used for living quarters for any person	? If YES, describe that portion: \Box Ye	s 🗌 No
Note: Living quarters are not eligible for the Church or Religious Exemp Exemption. Contact the Assessor.	tions. Certain living quarters may be	exempt under the Welfare
1. Is any portion of this property vacant and/or unused?		
If YES, describe that portion:		
If YES, describe that portion: 2. Has any portion of this property been rented to, leased to, or been used and/ since 12:01 a.m., January 1 last year? Yes No		ation other than the claiman
If YES, describe that portion: 2. Has any portion of this property been rented to, leased to, or been used and/		ation other than the claiman
 If YES, describe that portion: 2. Has any portion of this property been rented to, leased to, or been used and/since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing ad 		ation other than the claiman
If YES, describe that portion: 2. Has any portion of this property been rented to, leased to, or been used and/ since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing ad CHURCH NAME	CITY, STATE, ZIP CODE	
 If YES, describe that portion: 2. Has any portion of this property been rented to, leased to, or been used and/since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing ad CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide the name and mailed to an organization other than a church. 	CITY, STATE, ZIP CODE	
 If YES, describe that portion: 2. Has any portion of this property been rented to, leased to, or been used and/since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing ad CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide the sheets if necessary. 	dress: CITY, STATE, ZIP CODE name, type of organization and freque	ncy of use; attach additiona
If YES, describe that portion: 12. Has any portion of this property been rented to, leased to, or been used and/ since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing ad CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide the name sheets if necessary. NAME	dress: CITY, STATE, ZIP CODE name, type of organization and freque TYPE TYPE	ncy of use; attach additiona FREQUENCY FREQUENCY

Whom should we contact during normal business hours for additional information?

NAME		TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	
	CERTIFICATION	
	nalty of perjury under the laws of the State of Califorr ng statements or documents, is true, correct, and con	nia that the foregoing and all information hereon, including any nplete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLA	NM	TITLE
NAME OF PERSON MAKING CLAIM		DATE

