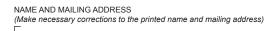
EF-263-C-R02-0611-31000393-1 BOE-263-C (P1) REV. 02 (06-11)

# **CHURCH LESSORS' EXEMPTION CLAIM**

PROPERTY LEASED BY A CHURCH TO A PUBLIC SCHOOL, COMMUNITY COLLEGE, STATE COLLEGE, OR STATE UNIVERSITY, INCLUDING THE UNIVERSITY OF CALIFORNIA, USED JOINTLY WITH A CHURCH





# Matthew R. Maynard Placer County Assessor

2980 Richardson Drive Auburn, CA 95603-2640 Phone: (530) 889-4300 Email: assessor@placer.ca.gov Website: www.placer.ca.gov/assessor

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| L                                                     | ٦                                                                                      | To receive the full exemption, this claim must be filed with the Assessor by February 15.       |
|-------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 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)               |                                                                                        | FISCAL YEAR OF CLAIM 20 - 20                                                                    |
| CITY, COUNTY, ZIP CODE                                |                                                                                        | ASSESSOR'S PARCEL NUMBER                                                                        |
| The exemption claim is made for the following propert | ty: (if there are numerous properti<br>property and the name and add<br>PRIMARY USE(S) |                                                                                                 |
| Land                                                  | PRIMART USE(S)                                                                         | INCIDENTAL USE                                                                                  |
| ☐ Buildings and Improvements                          |                                                                                        |                                                                                                 |
| Personal Property                                     |                                                                                        |                                                                                                 |
| NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION          |                                                                                        |                                                                                                 |
| MAILING ADDRESS                                       |                                                                                        | CITY, STATE, ZIP CODE                                                                           |
| and usual expenses in maintaining                     | and operating the leased proper                                                        | charges from the lease does not exceed the ordinary ty.  uses the property for exempt purposes. |
|                                                       | CERTIFICATION                                                                          | t the foresting and all information become including any                                        |
| accompanying statements or do                         | e laws of the State of California that<br>ocuments, is true and correct to the         |                                                                                                 |
| SIGNATURE OF PERSON MAKING CLAIM                      |                                                                                        | DATE                                                                                            |
| NAME OF PERSON MAKING CLAIM                           |                                                                                        | TITLE                                                                                           |
| EMAIL ADDRESS                                         |                                                                                        | DAYTIME TELEPHONE                                                                               |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-263-C-R02-0611-31000393

## 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 EXECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES

| NAME OF QUALIFYING PU                                             | BLIC SCHOOL LESSEE                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
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| MAILING ADDRESS                                                   |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| CITY, STATE, ZIP CODE                                             |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| Check the type of qualifying use of the property  ☐ PUBLIC SCHOOL |                                                                    | STATE UNIVERSITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |
| COMMUNITY COLLEGE                                                 |                                                                    | UNIVERSITY OF CALIFORNIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |
| STATE CO                                                          | LLEGE                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| MAILING ADDRESS                                                   |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| CITY, STATE, ZIP CODE                                             |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| DATE LEASE SIGNED                                                 |                                                                    | CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DMMENCEMENT DATE OF LEASE                |
|                                                                   | THE ASSESSOR                                                       | MAY REQUEST A COPY OF THE LEASE AGREEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |
| The following property i etc. Attach a separate li                |                                                                    | year. If personal property is being leased, indica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | te the type, make, model, serial number, |
| PROPERTY TYPE (REAL OR PERSONAL)  PROPERTY DESCRIPTION            |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
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|                                                                   | espect to lessees that are poling of government entity leasing the | tical subdivisions of the state, the property is a same.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | s located within the boundaries of the   |
| sectior<br>If <b>Yes</b> ,<br>affidav                             | n 512 of the Internal Revenue (<br>a copy of the institution's mo  | a student bookstore that generates unrelated Code. st recent tax return filed with the Internal Red by establishing a ratio of the unrelated busing the control of the unrelated busing the unrelated busing the unrelated busing the unrelated busing the control of the unrelated busing the unrelated busing the control of the unrelated busing the control of the unrelated busing the unrelated busing the control of the unrelated busing the control of the unrelated busing | evenue Service must accompany this       |
|                                                                   |                                                                    | CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |
|                                                                   |                                                                    | aws of the State of California that the foregoing<br>aments, is true and correct to the best of my kno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |
| SIGNATURE OF PERSON MAKIN                                         | NG CLAIM                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DATE                                     |
| NAME OF PERSON MAKING CL                                          | AIM                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TITLE                                    |
| EMAIL ADDRESS                                                     |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DAYTIME TELEPHONE ( )                    |

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