□ □ □ be filed with the A	For ASSESSOR'S USE ONLY FOR ASSESSOR'S USE ONLY Received Approved Denied Reason for denial
_ be filed with the A	Received Approved Denied Reason for denial Assessor by February 15.
_ be filed with the A	Received Approved Denied Reason for denial Assessor by February 15.
	Approved Denied Reason for denial Assessor by February 15.
	Approved Denied Reason for denial Assessor by February 15.
	Reason for denial
	Assessor by February 15.
	ASSESSOR'S PARCEL NUMBER
	DATE PROPERTY WAS FIRST USED BY CLAIMAN
nts and/or us worship, including uildings? d for parking purpos orship or religious ad s, the revenue of wh used property used for eater than 500 memb	Personal property any building in the course of construction? es necessarily and reasonably required for th ctivity, and which is not at other times used for the does not exceed the ordinary and necessan or parking purposes is eligible for exemption or ers.
s location?	
en's day care cente	includes licensed nursery schools, preschool
urposes, kindergarter and schools of less tha on and should be filed	If the property is both owned and operated by th purposes, school purposes of less than collegia an collegiate grade, the claimant may qualify for th by February 15; contact the Assessor. The claima
	uildings? ed for parking purpos orship or religious ac es, the revenue of whi ased property used for eater than 500 memb is location? ren's day care center he Church Exemption. ourposes, kindergarten and schools of less tha

EF-262-AH-R10-0519-32000336-2 BOE-262-AH (P2) REV. 10 (05-19)

7. Is the real property listed on this of	laim owned by the church?	s 📋 No If NO, state the name and address o	of owner:
OWNER NAME			
MAILING ADDRESS (NUMBER AND ST	REET/P. O. BOX)	CITY, STATE, ZIP CODE	
	congregation of the church, religious	denomination, or sect greater than 500 memb eof, so used is not eligible for exemption.	pers?
specifically provide that the churc rental payments, or a refund of su	h exemption is taken into account ir ch payments, if paid, for each month	rrch; if the lease or rental agreement for any l n fixing the terms of agreement, the church sh of occupancy (or use), or portion thereof, durin ason of the Church Exemption. The assessor r	nall receive a reduction in ng the fiscal year equal to
	on this property? If YES, a claim for ion of the property so used, to be ex	the Welfare Exemption must be filed with the empt Yes No	Assessor by February 15
10. Is any portion of this property be	ing used for living quarters for any p	erson? If YES, describe that portion: Yes	No
Note: Living quarters are not eli Exemption. Contact the Assessor		Exemptions. Certain living quarters may be e	xempt under the Welfare
11. Is any portion of this property va If YES, describe that portion:	cant and/or unused? 🔲 Yes 🗌 N	0	
12. Has any portion of this property b since 12:01 a.m., January 1 last		d and/or operated by some person or organizati	on other than the claimant
a. If property is leased to another CHURCH NAME	church, provide the name and mail	ing address:	
MAILING ADDRESS (NUMBER AND ST	REET/P. O. BOX)	CITY, STATE, ZIP CODE	
 b. If property is leased to an organize sheets if necessary. 	nization other than a church, provid	e the name, type of organization and frequenc	y of use; attach additional
NAME		TYPE	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
the user/operator both file a claim 13. Has there been any change in t	for the Welfare Exemption. Contact	truction commenced and/or completed on this	
	name and address of the owner and	ented from someone else? the type, make, model, and serial number of th lease state the other uses of the property <i>(attac</i>)	
Whom sho	ould we contact during normal b	usiness hours for additional information	?
NAME		TITLE	
DAYTIME TELEPHONE ()	EMAIL ADDRESS		
	CERTIFI	CATION	
I certify (or declare) under penalty of	f perjury under the laws of the State	of California that the foregoing and all informat	tion 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

	IIILE
NAME OF PERSON MAKING CLAIM	DATE

