EF-262-AH-R09-0515-38000870-1 BOE-262-AH (P1) REV. 09 (05-15)

## **CHURCH EXEMPTION** PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



## Joaquín Torres Assessor-Recorder

1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698

This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 wou enter "2011-2012.")	ld	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	٦	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		<u>Denied</u>
		Reason for denial
L	_	
To receive the full exemption, this claim	must be filed w	rith the Assessor by February 15.
☐ Check here if you no longer seek an exemption at	this location.	Sign and return this form to the Assessor.
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:		d/or ☐ Personal property

☐ Yes ☐ No 3. Is the land claimed as exempt required for the convenient use of these buildings?  $\square$  Yes  $\square$  No

6. a. Is an elementary school and/or secondary school being operated at this location?

4. Is all real property used by the church upon which exemption is claimed for parking purposes necessarily and reasonably required for the parking of automobiles of persons attending or engaged in religious worship or religious activity, and which is not at other times used for commercial purposes?

2. Are all buildings and equipment claimed as exempt used solely for religious worship, including any building in the course of construction?

☐ Yes ☐ No

Commercial purposes does not include the parking of vehicles or bicycles, the revenue of which does not exceed the ordinary and necessary costs of operating and maintaining the property for parking purposes. Leased property used for parking purposes is eligible for exemption only if the congregation of the church, religious congregation, or sect is no greater than 500 members.

5. List all uses of the property:

L	res No
k	b. Is a children's day care center being operated at this location (a children's day care center includes licensed nursery schools, preschools,
	and infant care centers)?

☐ Yes ☐ No

□ Voc □ No

Note: If the answer is YES to a. or b. above, the property is not eligible for the Church Exemption. If the property is both owned and operated by the church and used for religious worship, preschool purposes, nursery school purposes, kindergarten purposes, school purposes of less than collegiate 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 claimant may wish instead to annually file by February 15 for the Welfare Exemption.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-262-AH-R09-0515-38000870-2 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 OWNER NAME	this claim owned by the church?	s No If NO, state the	e name and address of ov	vner:
Yes   No	MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	СІТ	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 therefore tax exemption must inure to the is taken into account in fixing the tach payments, if paid, for each month of	reof, so used is not eligible church; if the lease or reerms of agreement, the f occupancy (or use), or	le for exemption. rental agreement does n e church shall receive portion thereof, during t	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	xempt.  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	person? 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 exen	mpt under the Welfare
since 12:01 a.m., January 1 last year?		-	No		
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  ITTLE  TITLE  SIGNATURE OF PERSON MAKING CLAIM  TITLE	since 12:01 a.m., January 1 a. If property is leased to a	l last year?  Yes  No		ne 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  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  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	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  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	MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	CIT	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?  \[ \]  \[		n organization other than a church, provi	de the name, type of orga	anization and frequency o	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		TY	/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 cons last year?	truction commenced and scribe:	I/or completed on this pro	pperty
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	I the type, make, model, a	and serial number of the p	
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	Whom	n should we contact during normal I	ousiness hours for add	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	ICATION		
SIGNATURE OF PERSON MAKING CLAIM  TITLE		alty of perjury under the laws of the State	of California that the for		
NAME OF PERSON MAKING CLAIM DATE			-		
	NAME OF PERSON MAKING CLAIM			DATE	

