EF-262-AH-R08-0514-40000744-1 BOE-262-AH (P1) REV. 08 (05-14)

## **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.") NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

FOR ASSESSOR'S USE ONLY			
FOR ASSESSOR'S USE ONLY			
Received			
Approved			
Denied			
Reason for denial			

	Reason for denial
─ To receive the full exemption, this claim must be filed w	vith the Assessor by February 15.
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
Claimant is:	ing purposes necessarily and reasonably required for the eligious activity, and which is not at other times used for enue of which does not exceed the ordinary and necessary rty used for parking purposes is eligible for exemption only
6. a. Is an elementary school and/or secondary school being operated at this location?	?
☐ Yes ☐ No	
<ul> <li>b. Is a children's day care center being operated at this location (a children's day cand infant care centers)?</li> </ul>	are center includes licensed nursery schools, preschools,
☐ Yes ☐ No	
<b>Note</b> : If the answer is YES to a. or b. above, the property is not eligible for the Church E church and used for religious worship, preschool purposes, nursery school purposes, kin	

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



7. Is the real property listed on this c				
OWNER NAME	iame and address of owner.			
MAILING ADDRESS (NUMBER AND ST	REET/P. O. BOX)	CITY, STATE	E, ZIP CODE	
	congregation of the church, religious denomination, or s	_		
Note: The benefit of a property that the church exemption is to payments, or a refund of such payments.	If YES, the property, or portion thereof, so used is not of tax exemption must inure to the church; if the lease aken into account in fixing the terms of agreement ayments, if paid, for each month of occupancy (or use not paid during such fiscal year by reason of the Church	e or rental a nt, the churce), or portion	greement does not specifically provide ch shall receive a reduction in rental thereof, during the fiscal year equal to	
each year for the property, or porti	on this property? If YES, a claim for the Welfare Exem on of the property so used, to be exempt.			
10. Is any portion of this property be ☐ Yes ☐ No	ing used for living quarters for any person? If YES, des	cribe that po	rtion:	
	gible for the Church or Religious Exemptions. Certain	n living quar	ters may be exempt under the Welfare	
11. Is any portion of this property vac				
Yes No If YES, describ	•			
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 claimant since 12:01 a.m., January 1 last year?				
Yes No If YES, describe	9:			
If property is leased to another ch CHURCH NAME	urch, provide the name and mailing address:			
MAILING ADDRESS (NUMBER AND ST	REET/P. O. BOX)	CITY, STATE	E, ZIP CODE	
<b>Note:</b> Property used by others (ex the user/operator both file a claim	ccept for worship only) is not eligible for the Church Exe for the Welfare Exemption. Contact the Assessor.	mption. It ma	ay be exempt if the claimant (owner) and	
since 12:01 a.m., January 1 last		d and/or com	npleted on this property	
Yes No If YES, describe	∌:			
Yes No If YES, list the r	rty at this location being leased or rented from someone name and address of the owner and the type, make, mo d exclusively for religious worship, please state the othe	del, and seri		
Whom should we contact during normal business hours for additional information?				
NAME	did we contact during normal business nours ic	additiona	TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS			
( )	L.M. ILL. ASS. A.C.O.			
	CERTIFICATION			
	perjury under the laws of the State of California that the ments or documents, is true, correct, and complete to			
SIGNATURE OF PERSON MAKING CLAIM			TITLE	
NAME OF PERSON MAKING CLAIM			DATE	

