EF-262-AH-R07-0512-43000784-1 BOE-262-AH (P1) REV. 07 (05-12)

## CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



 $\neg$ 

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)

## **Greg Monteverde Acting Assessor**

Exemptions Unit
West Tasman Campus
130 W Tasman Drive
San Jose, CA 95134
Ph: (408) 299-6460
exemptions@asr.sccgov.org
www.sccassessor.org

FOR ASSESSOR'S USE ONLY				
TORYNOOLOGOR O COL GREET				
Received				
<u>Approved</u>				
<u>Denied</u>				
Reason for denial				

		Reason for denial
To receive the full exemption, this claim must be filed w	ith the Assess	or 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)	ASSES	SSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP CODE	DATE	PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes) Claimant is:	ing purposes neceesting any burnesses neceesting any burnesses neceesting any burnesses neceesting and the second and the seco	essarily and reasonably required for the nd which is not at other times used for some some some some some some some some
6. a. Is an elementary school and/or secondary school being operated at this location?  Yes No  b. Is a children's day care center being operated at this location (a children's day cand infant care centers)?  Yes No		es licensed nursery schools, preschools,
<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	idergarten purpose	s, school purposes of less than collegiate

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.



7. Is the real property listed on this clai  Yes No If NO, state the nar				
OWNER NAME				
MAILING ADDRESS (NUMBER AND STRE	ET/P. O. BOX)	CITY, STATE	, ZIP CODE	
☐ Yes ☐ No If	gregation of the church, religious denomination, or se YES, the property, or portion thereof, so used is not el	igible for exe	emption.	
that the church exemption is take payments, or a refund of such payr	x exemption must inure to the church; if the lease en into account in fixing the terms of agreement nents, if paid, for each month of occupancy (or use) paid during such fiscal year by reason of the Church	t, the churc ), or portion	h shall receive a reduction in rental	
each year for the property, or portion ☐ Yes ☐ No	this property? If YES, a claim for the Welfare Exemp of the property so used, to be exempt.			
<ul><li>10. Is any portion of this property being</li><li>☐ Yes ☐ No</li></ul>	used for living quarters for any person? If YES, desc	ribe that por	tion:	
	ele for the Church or Religious Exemptions. Certain	living quart	ers may be exempt under the Welfare	
11. Is any portion of this property vacar				
Yes No If YES, describe t	•			
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:				
If property is leased to another church NAME	ch, provide the name and mailing address:			
MAILING ADDRESS (NUMBER AND STRE	ET/P. O. BOX)	CITY, STATE	, ZIP CODE	
<b>Note:</b> Property used by others (exce the user/operator both file a claim for	pt for worship only) is not eligible for the Church Exen the Welfare Exemption. Contact the Assessor.	nption. It ma	y be exempt if the claimant (owner) and	
since 12:01 a.m., January 1 last year	use of the property or any construction commenced ar?	and/or com	pleted on this property	
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				
	xclusively for religious worship, please state the other			
Whom about	d wa aantaat during marmal businees bayra fam	odditional	information?	
NAME VALUE TO THE SHOULD NAME	d we contact during normal business hours for	auditional	TITLE	
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	•	-	TITLE	
NAME OF PERSON MAKING CLAIM			DATE	

