EF-262-AH-R08-0514-51000764-1 BOE-262-AH (P1) REV. 08 (05-14)

## CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

This claim is filed for fiscal year 20\_

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## KATHY SCRIVEN SUTTER COUNTY ASSESSOR

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(Example: a person filing a timely claim in January 2011 wou enter "2011-2012.")	uld	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	٦	FOR ASSESSOR'S USE ONLY
ı	ı	
		Received
		Approved  Denied
		Reason for denial
L	1	
To receive the full exemption, this claim	must be filed with	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
<ol> <li>Owner and operator: (check applicable boxes)         Claimant is:</li></ol>	provements and/or religious worship, in these buildings? is claimed for parking igious worship or religious worship or parking the revenue on the revenue of th	cluding any building in the course of construction?  purposes necessarily and reasonably required for the ious activity, and which is not at other times used for e of which does not exceed the ordinary and necessary used for parking purposes is eligible for exemption only
6. a. Is an elementary school and/or secondary school being operating.  Yes No  b. Is a children's day care center being operated at this location and infant care centers)?  Yes No  Note: If the answer is YES to a. or b. above, the property is not eligic church and used for religious worship, preschool purposes, nursery signade (grades 1 - 12), or for the purposes of both schools of collegiate	(a children's day care ble for the Church Exen school purposes, kinden	nption. If the property is both owned and operated by the garten purposes, school purposes of less than collegiate

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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 clair  Yes No If NO, state the nar			
OWNER NAME			
MAILING ADDRESS (NUMBER AND STRE	ET/P. O. BOX)	CITY, STAT	E, ZIP CODE
<del>_</del>	e church for parking purposes? gregation of the church, religious denomination /ES, the property, or portion thereof, so used is		
that the church exemption is take payments, or a refund of such payr	ex exemption must inure to the church; if the cen into account in fixing the terms of agreenents, if paid, for each month of occupancy (opaid during such fiscal year by reason of the C	ement, the chur or use), or portior	ch shall receive a reduction in rental n thereof, during the fiscal year equal to
	this property? If YES, a claim for the Welfare I of the property so used, to be exempt.	Exemption must b	e filed with the Assessor by February 15
<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	s, describe that po	rtion:
<b>Note:</b> Living quarters are not eligib Exemption. Contact the Assessor.	le for the Church or Religious Exemptions. C	Certain living quar	ters may be exempt under the Welfare
11. Is any portion of this property vacar	t and/or unused?		
☐ Yes ☐ No If YES, describe t	hat portion:		
12. Has any portion of this property beer since 12:01 a.m., January 1 last year	n rented to, leased to, or been used and/or opera ar?	ated by some pers	on or organization other than the claimant
Yes No If YES, describe:			
If property is leased to another church CHURCH NAME	h, provide the name and mailing address:		
MAILING ADDRESS (NUMBER AND STRE	ET/P. O. BOX)	CITY, STAT	E, ZIP CODE
Note: Property used by others (exce	pt for worship only) is not eligible for the Church the Welfare Exemption. Contact the Assessor.	h Exemption. It ma	ay be exempt if the claimant (owner) and
-	use of the property or any construction comm		npleted on this property
Yes No If YES, describe:			
14. In any aguinment or other preparty	at this location being located at routed from con-	noono oloo?	
Yes No If YES, list the nan	at this location being leased or rented from son ne and address of the owner and the type, mak xclusively for religious worship, please state the	e, model, and ser	
NAME WYNOM SNOUL	d we contact during normal business hou	irs for additiona	TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS		
( )	END ILE A BONCESS		
	CERTIFICATION		
	erjury under the laws of the State of California to ents or documents, is true, correct, and comple		
SIGNATURE OF PERSON MAKING CLAIM			TITLE
NAME OF PERSON MAKING CLAIM			DATE

