EF-262-AH-R08-0514-55000346-1 BOE-262-AH (P1) REV. 08 (05-14)

CHURCH EXEMPTION





Kaenan Whitman **Tuolumne County Assessor-Recorder**

2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

Email: assessor@tuolumnecounty.ca.gov

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)

T T	FOR ASSESSOR'S USE ONLY
	Received
	Approved
	Denied
	Reason for denial
L	
To receive the full exemption, this claim must be fil	ed 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
 Owner and operator: (check applicable boxes) Claimant is:	and/or Personal property orship, including any building in the course of construction? gs? parking purposes necessarily and reasonably required for the or religious activity, and which is not at other times used for erevenue of which does not exceed the ordinary and necessary property used for parking purposes is eligible for exemption only
6. a. Is an elementary school and/or secondary school being operated at this loc Yes No b. Is a children's day care center being operated at this location (a children's and infant care centers)? Yes No Note: If the answer is YES to a. or b. above, the property is not eligible for the Chuchurch and used for religious worship, preschool purposes, nursery school purpose grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and sc	day care center includes licensed nursery schools, preschools, urch Exemption. If the property is both owned and operated by the es, kindergarten purposes, school purposes of less than collegiate

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claimant may wish instead to annually file by February 15 for the Welfare Exemption.

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 be since 12:01 a.m., January 1 last	een rented to, leased to, or been used and/or operated b year?	y some perso	on or organization other than the claimant	
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	
Note: 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 sho	ould we contact during normal business hours fo	r additiona	Linformation?	
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	

