EF-262-AH-R08-0514-57000634-1 BOE-262-AH (P1) REV. 08 (05-14)

enter "2011-2012.")

CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

(Example: a person filing a timely claim in January 2011 would

This claim is filed for fiscal year 20_

_ - 20_



Freddie Oakley SSOR

35 3496

1	YOLO COUNTY ASSES		
STA	625 Court St, Rm. 104		
	Woodland, CA 95695		
ity of Yolo	Woodland/Davis (530) 666-81		
Founded 1850	Fax (530) 666-8213		
	West Sacramento (916) 375-6		
	www.yolocounty.org		

NAME AND MAILING ADDRESS		
(Make necessary corrections to the printed name and mailing address)	FOR ASSESSOR'S USE ONLY	
	Received	
	Approved	
	Denied Reason for denial	
	ixeason for defilal	
To receive the full exemption, this claim must be filed with the A	Assessor by Fobruary 15	
	assessor by rebruary 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:	es necessarily and reasonably required for the ctivity, and which is not at other times used for each does not exceed the ordinary and necessary parking purposes is eligible for exemption only	
5. List all uses of the property:		
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 care center and infant care centers)?	includes licensed nursery schools, preschools,	
☐ Yes ☐ No		
Note : If the answer is YES to a. or b. above, the property is not eligible for the Church Exemption. church and used for religious worship, preschool purposes, nursery school purposes, kindergarten		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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.

7. Is the real property listed on th	is claim owned by the church?				
☐ Yes ☐ No If NO, state t	he name and address of owner:				
OWNER NAME					
MAILING ADDRESS (NUMBER AND	STREET/P. O. BOX)	CITY, STATE, ZIF	CODE		
8. Is leased property, if any, used	by the church for parking purposes?	l .			
☐ Yes ☐ No If YES, is the	ne congregation of the church, religious denom	ination, or sect greater than	500 members?		
☐ Yes ☐ N	No $$ If YES, the property, or portion thereof, so ι	ised is not eligible for exemp	otion.		
that the church exemption in payments, or a refund of sucl	erty tax exemption must inure to the church; is taken into account in fixing the terms of in payments, if paid, for each month of occupa es not paid during such fiscal year by reason or	agreement, the church s ancy (or use), or portion the	hall receive a reduction in rental		
	ed on this property? If YES, a claim for the We cortion of the property so used, to be exempt.	Ifare Exemption must be file	ed with the Assessor by February 15		
10. Is any portion of this property ☐ Yes ☐ No	being used for living quarters for any person?	If YES, describe that portion	:		
Note: Living quarters are not Exemption. Contact the Asses	eligible for the Church or Religious Exemptions.	ons. Certain living quarters	may be exempt under the Welfare		
11. Is any portion of this property	11. Is any portion of this property vacant and/or unused?				
Yes No If YES, des	cribe that portion:				
12. Has any portion of this propert since 12:01 a.m., January 1 kg	y been rented to, leased to, or been used and/or ast year?	operated by some person or	organization other than the claimant		
Yes No If YES, desc	ribe:				
If property is leased to another CHURCH NAME	church, provide the name and mailing address	s:			
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)		CITY, STATE, ZIF	CITY, STATE, ZIP CODE		
	(except for worship only) is not eligible for the aim for the Welfare Exemption. Contact the Ass		e exempt if the claimant (owner) and		
13. Has there been any change since 12:01 a.m., January 1 la ☐ Yes ☐ No If YES, desc	-	commenced and/or complet	ed on this property		
res no ii res, desc	albe.				
	perty at this location being leased or rented fro				
	ne name and address of the owner and the type used exclusively for religious worship, please st				
NAME Whom s	should we contact during normal busines	s hours for additional inf	ormation?		
DAYTIME TELEPHONE	EMAIL ADDRESS		1		
()	OFFICE ATIO	. N. I			
	CERTIFICATIO				
accompanying s	y of perjury under the laws of the State of Califi tatements or documents, is true, correct, and c	omplete to the best of my kn	owledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM		TITL	E		
NAME OF PERSON MAKING CLAIM		DATE	<u> </u>		

