EF-262-AH-R10-0519-58000377-1

BOE-262-AH (P1) REV. 10 (05-19)

CHURCH EXEMPTION

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



Yuba County Assessor 915 8th Street, Suite 101

Marysville, CA 95901-5273 Phone: (530) 749-7820

Stephen S. Duckels

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) FOR ASSESSOR'S USE ONLY Received Approved Denied Reason for denial L To receive the full exemption, this claim must be filed with the Assessor by February 15. Check here if you no longer seek an exemption at this location. Sign and return this form to the Assessor. 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

С	ITY, COUNTY, ZIP CODE	DATE PROPERTY WAS FIRST USED BY CLAIMANT
1.	Owner and operator: (check applicable boxes)	
	Claimant is: ☐ Owner and operator ☐ Owner only ☐ Operator only	
	and claims exemption on all ☐ Land ☐ Buildings and improvements and/or ☐	Personal property
2	Are all buildings and equipment claimed as exempt used solely for religious worship, including	any building in the course of construction?
	☐ Yes ☐ No	
3.	Is the land claimed as exempt required for the convenient use of these buildings?	
	☐ Yes ☐ No	
4.	Is all real property used by the church upon which exemption is claimed for parking purpose parking of automobiles of persons attending or engaged in religious worship or religious act commercial purposes?	• • •
	☐ Yes ☐ No	
	Commercial purposes does not include the parking of vehicles or biguales, the revenue of which	h does not exceed the ordinary and necessary

Commercial purposes does not include the parking of vehicles or bicycles, the revenue of which does not exceed the ordinary and necessary costs of operating and maintaining the property for parking purposes. Leased property used for parking purposes is eligible for exemption only if the congregation of the church, religious congregation, or sect is no greater than 500 members.

5. List all uses of the property:

6.	a.	ls	an	ele	eme	enta	ary	SC	hoc	ıl a	and/o	r	secondary	/	school	be	ing	o	perated	la	at this	s l	ocatior	า?

Yes No

b. Is a children's day care center being operated at this location (a children's day care center includes licensed nursery schools, preschools, and infant care centers)?

Yes No

Note: If the answer is YES to a. or b. above, the property is not eligible for the Church Exemption. If the property is both owned and operated by the church and used for religious worship, preschool purposes, nursery school purposes, kindergarten purposes, school purposes of less than collegiate 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 o	n this claim owned by the church? $\ \square$ Yes	☐ No If NO, state the name and address of	of owner:
OWNER NAME			
MAILING ADDRESS (NUMBER	AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
☐ Yes ☐ No If YES,	ised by the church for parking purposes? is the congregation of the church, religious of the church is the property, or portion thereof	denomination, or sect greater than 500 memb of, so used is not eligible for exemption.	ers?
specifically provide that the rental payments, or a refun	e church exemption is taken into account in d of such payments, if paid, for each month of	ch; if the lease or rental agreement for any lifted fixing the terms of agreement, the church short occupancy (or use), or portion thereof, during son of the Church Exemption. The assessor respectively.	all receive a reduction in ng the fiscal year equal to
	erated on this property? If YES, a claim for or portion of the property so used, to be exe	the Welfare Exemption must be filed with the empt. \square Yes \square No	Assessor by February 1
10. Is any portion of this prop	erty being used for living quarters for any pe	erson? If YES, describe that portion: Yes	☐ No
Note: Living quarters are Exemption. Contact the As		xemptions. Certain living quarters may be e	xempt under the Welfare
 Is any portion of this prop If YES, describe that porti 	erty vacant and/or unused? ☐ Yes ☐ No on:)	
	perty been rented to, leased to, or been used / 1 last year?	and/or operated by some person or organizati	on other than the claiman
a. If property is leased to a CHURCH NAME	another church, provide the name and mailir	ng address:	
MAILING ADDRESS (NUMBER	AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
b. If property is leased to a sheets if necessary.	an organization other than a church, provide	the name, type of organization and frequenc	y of use; attach additiona
NAME		TYPE	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
the user/operator both file a 13. Has there been any char since 12:01 a.m., January 14. Is any equipment or other Yes No If YES, I	a claim for the Welfare Exemption. Contact tage in the use of the property or any construct a last year? Yes No If YES, description of the property at this location being leased or rerist the name and address of the owner and the property at the same and address of the owner and the property at the same and address of the owner and the property at the same and address of the owner and the property at the same and address of the owner and the property at the same and address of the owner and the property at the same and address of the owner and the property at the same and address of the owner and the property at the same and address of the owner and the property at the property or any construction.	uction commenced and/or completed on this ibe:	property ne property. If the propert
W/L-			•
NAME	m should we contact during normal bu	usiness hours for additional information	<u>r</u>
DAYTIME TELEPHONE	EMAIL ADDRESS		
<u> </u>	CERTIFIC	CATION	
		of California that the foregoing and all informa , and complete to the best of my knowledge a	
SIGNATURE OF PERSON MAKING CLA	IM	TITLE	
NAME OF PERSON MAKING CLAIM		DATE	
		DAIL	

