CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

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

- 20

This claim is filed for fiscal year 20



Larie Durham **Calaveras County Assessor** 891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356

(Make necessary corrections to the printed name and mailing address)	Г	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L		
To receive the full exemption, this claim	n must be filed with	the Assessor by February 15.
NAME OF CHURCH, ORGANIZATION, ETC.		\mathbf{C}
NEBSITE ADDRESS (IF ANY)		N A
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
I. Owner and operator: (check applicable boxes)		
Claimant is: Owner and operator Owner only	Operator only	
and claims exemption on all Land Buildings and in	nprovem <mark>ents</mark> and/or	Personal property
2. Are all buildings and equipment claimed as exempt used solely	for religious worship, in	cluding any building in the course of construction?
☐ Yes ☐ No		
 Is the land claimed as exempt required for the convenient use of 	of those buildings?	
	n these buildings?	
Yes No		
Is all real property used by the church upon which exemption parking of automobiles of persons attending or engaged in re commercial purposes?		
□ Yes □ No		_
Commercial purposes does not include the parking of vehicles costs of operating and maintaining the property for parking purp if the congregation of the church, religious congregation, or sect	oses. Leased property u	used for 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 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 on this claim owned by the church?
 - Yes No If NO, state the name and address of owner:

OWNER NAME		
MAILING ADDRESS (NUMBER AND STREE	ET/P. O. BOX)	CITY, STATE, ZIP CODE
Yes No If Y	gregation of the church, religious denomine (FS, the property, or portion thereof, so use	nation, or sect greater than 500 members? sed is not eligible for exemption. if the lease or rental agreement does not specifically prov
payments, or a refund of such payn		agreement, the church shall receive a reduction in re ncy (or use), or portion thereof, during the fiscal year equa the Church Exemption.
	this property? If YES, a claim for the Wel of the property so used, to be exempt.	Ifare Exemption must be filed with the Assessor by February
	used for living quarters for any person? I	f YES, describe that portion:
Note: Living quarters are not eligib Exemption. Contact the Assessor.	le for the Church or Religious Exemptio	ons. Certain living quarters may be exempt under the Wel
11. Is any portion of this property vacan	it and/or unused?	
Yes No If YES, describe the	hat portion:	
12. Has any portion of this property been since 12:01 a.m., January 1 last year		operated by some person or organization other than the claim
Yes No If YES, describe:	ANI	
If property is leased to another churc CHURCH NAME	h, provide the name and mailing address	
MAILING ADDRESS (NUMBER AND STREE	ET/P. O. BOX)	CITY, STATE, ZIP CODE
the user/operator both file a claim for	the Welfare Exemption. Contact the Asse	
since 12:01 a.m., January 1 last yea		commenced and/or completed on this property
Yes No If YES, describe:		
	at this location being leased or rented from	m someone else? , make, model, and serial number of the property. If the prop
		te the other uses of the property (attach schedule as necessa
Whom should	d we contact during normal business	s hours for additional information?
NAME		
DAYTIME TELEPHONE	EMAIL ADDRESS	
<u> </u>	<u> </u>	

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
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