CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



FOR ASSESSOR'S USE ONLY Received Approved Denied Reason for denial Denied Reason for denial Mailing Address (IF ANY) Mailing Address (NUMBER AND STREET/P. O. BOX) Citry, strate, zip code ADDRESS OF PROPERTY (NUMBER AND STREET) ASSESSOR'S PARCEL NUMBER	NAME AND MAILING ADDRESS		
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costs of operating and maintaining the property for parking purposes. Leased property used for parking purposes is eligible for exempti	🗌 Yes 🗌 No		
in the congregation of the original, religious congregation, or seects no greater than over members.	costs of operating and maintaining the property for parking purpose	. Leased property used fo	or parking purposes is eligible for exemption only
5. List all uses of the property:	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
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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, ZI	P CODE
■ Yes ■ No If Y Note: The benefit of a property tax that the church exemption is take	gregation of the church, religious denor (ES, the property, or portion thereof, so c exemption must inure to the church; en into account in fixing the terms of	used is not eligible for exemp ; if the lease or rental agree of agreement, the church s	otion. ement does not specifically provide shall receive a reduction in renta
one-twelfth of the property taxes not	nents, if paid, for each month of occup paid during such fiscal year by reason o	of the Church Exemption.	
 ☐ Yes ☐ No 10. Is any portion of this property being ☐ Yes ☐ No 	of the property so used, to be exempt. used for living quarters for any person?	P If YES, describe that portion	
Note: Living quarters are not eligib Exemption. Contact the Assessor. 11. Is any portion of this property vacan	le for the Church or Religious Exempt	tions. Certain living quarters	may be exempt under the Welfare
Yes No If YES, describe the			
 12. Has any portion of this property been since 12:01 a.m., January 1 last yea Yes No If YES, describe: If property is leased to another church 			r organization other than the claimant
CHURCH NAME			
MAILING ADDRESS (NUMBER AND STREE	ET/P. O. BOX) ot for worship only) is not eligible for the	CITY, STATE, ZI	
the user/operator both file a claim for 13. Has there been any change in the since 12:01 a.m., January 1 last yea			ted on this property
Yes No If YES, describe:			
listed is not used e:	ne and ad <mark>dress of the</mark> own <mark>er</mark> and the typ xclusively for religious worship, please s	be, <mark>m</mark> ake, model, and serial n tate the other uses of the prop	perty (attach schedule as necessary)
Whom should	d we contact during normal busine	ss hours for additional in	formation?
	51441 4000500		
DAYTIME TELEPHONE	EMAIL ADDRESS		

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

