EF-262-AH-R08-0514-07000406-1 BOE-262-AH (P1) REV. 08 (05-14)

CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



Gus Kramer County Assessor

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

This claim is filed for fiscal year 20	- 20		
(Example: a person filing a timely claim i	n January	2011	would
enter "2011-2012.")			

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		
	٦	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L	_	<u>-</u>
To receive the full exemption, this claim	must be filed wit	th the Assessor by February 15.
NAME OF CHURCH, ORGANIZATION, ETC.		
WEBSITE ADDRESS (IF ANY)		OA
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: ☐ Owner and operator ☐ Owner only ☐	Operator only	
and claims exemption on all		or Personal property
2. Are all buildings and equipment claimed as exempt used solely f		
☐ 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 parking of automobiles of persons attending or engaged in reliconmercial purposes?		
☐ Yes ☐ No		- /
Commercial purposes does not include the parking of vehicles or costs of operating and maintaining the property for parking purposif the congregation of the church, religious congregation, or sect	oses. Leased property	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 operation	ited at this location?	
☐ Yes ☐ No		
b. Is a children's day care center being operated at this location and infant care centers)?	(a children's day car	re center includes licensed nursery schools, preschools
Yes No		
Note: If the answer is YES to a. or b. above, the property is not eligicharch and used for religious worship, preschool purposes, nursery grade (grades 1 - 12), or for the purposes of both schools of collegiate	school purposes, kinde	ergarten purposes, school purposes of less than collegiate

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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.

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7. Is the real property listed on this clair Yes No If NO, state the nar			
OWNER NAME			
MAILING ADDRESS (NUMBER AND STRE	ET/P. O. BOX)	CITY, STAT	E, ZIP CODE
☐ Yes ☐ No If Y	gregation of the church, religious del /ES, the property, or portion thereof,	so used is not eligible for ex	xemption.
that the church exemption is take	en into account in fixing the term nents, if paid, for each month of occ	s of agreement, the chur cupancy (or use), or portion	agreement does not specifically provide ch shall receive a reduction in rental in thereof, during the fiscal year equal to
each year for the property, or portion Yes No 10. Is any portion of this property being Yes No	of the property so used, to be exempused for living quarters for any person	on? If YES, describe that po	e filed with the Assessor by February 15 ortion: ters may be exempt under the Welfare
Exemption. Contact the Assessor. 11. Is any portion of this property vacar	at and/or unused?	The solution of the solution o	isto may be storm, and an are menale
☐ Yes ☐ No If YES, describe t			
12. Has any portion of this property beer since 12:01 a.m., January 1 last yea Yes No If YES, describe:		id/ <mark>or operated b</mark> y s <mark>om</mark> e pers	on o <mark>r organization</mark> ot <mark>her</mark> than the claimant
If property is leased to another church NAME	h, provide the n <mark>am</mark> e and maili <mark>ng</mark> add	ress:	
MAILING ADDRESS (NUMBER AND STRE	ET/P _a O. BOX)	CITY, STAT	E, ZIP CODE
the user/operator both file a claim for	the Welfare Exemption. Contact the	Assessor.	ay be exempt if the claimant (owner) and
13. Has there been any change in the since 12:01 a.m., January 1 last year		ion commenced and/or cor	ripleted on this property
Yes No If YES, describe:			
	ne and address of the owner and the	type, <mark>m</mark> ake, model, and ser	ial number of the property. If the property property (attach schedule as necessary):
Whom should	d we contact during normal busi	ness hours for additiona	ıl information?
NAME			TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS		
()	CERTIFICA	TION	
		California that the foregoing	and all information hereon, including any
SIGNATURE OF PERSON MAKING CLAIM	3. dodamonto, lo trao, comoct, ar	.a complete to the book of th	TITLE
NAME OF PERSON MAKING CLAIM			DATE
OF TEROOM MARKING GEARN			D. II.E

