EF-262-AH-R10-0519-14000196-1

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

CHURCH EXEMPTION

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

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

County of Inyo Dave Stottlemyre, Assessor

P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and m	mailing address)	
		FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L	٦	
	ion, this claim must be filed with the A n exemption at this location. Sign and	
WEBSITE ADDRESS (IF ANY)		
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)		
WINEING ABBRESS (NOMBERAND STREETH . S. BOX)		
CITY, STATE, ZIP CODE		
ADDRESS OF PROPERTY (NUMBER AND STREET)	<i>\ /\// </i>	ASSESSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP CODE		DATE PROPERTY WAS FIRST USED BY CLAIMANT
and claims exemption on all Land 2. Are all buildings and equipment claimed as exempting as exempting in the Land 3. Is the land claimed as exempt required for the Land No 4. Is all real property used by the church upon parking of automobiles of persons attending commercial purposes? Yes No Commercial purposes does not include the pacosts of operating and maintaining the property	Owner only	es necessarily and reasonably required for the tivity, and which is not at other times used for the ch does not exceed the ordinary and necessary parking purposes is eligible for exemption only
6. a. Is an elementary school and/or secondary s Tyes No b. Is a children's day care center being operat and infant care centers)?	school being operated at this location?	includes licensed nursery schools, preschools,
☐ Yes ☐ No		
church and used for religious worship, preschool grade (grades 1 - 12), or for the purposes of both	property is not eligible for the Church Exemption. I purposes, nursery school purposes, kindergarten schools of collegiate grade and schools of less that as a "one-time filing" provision and should be filed be	purposes, school purposes of less than collegiate n collegiate grade, the claimant may qualify for the

may wish instead to annually file by February 15 for the Welfare Exemption.

7. Is the real property listed on this of	claim owned by the church?	☐ No If NO, state the nam	e and address of owner:
OWNER NAME			
MAILING ADDRESS (NUMBER AND ST	REET/P. O. BOX)	CITY, STAT	TE, ZIP CODE
	the church for parking purposes? congregation of the church, religious If YES, the property, or portion there	_	
specifically provide that the churc rental payments, or a refund of su	h exemption is taken into account in ch payments, if paid, for each month	fixing the terms of agreement of occupancy (or use), or portion	ement for any leased property does not t, the church shall receive a reduction in on thereof, during the fiscal year equal to The assessor may request a copy of the
	on this property? If YES, a claim for ion of the property so used, to be exe		be filed with the Assessor by February 15
10. Is any portion of this property be	ing <mark>us</mark> ed for liv <mark>ing</mark> qu <mark>art</mark> ers for any pe	erson? If YES, describe that p	ortion: 🗌 Yes 🔟 No
Exemption. Contact the Assessor			arters may be exempt under the Welfare
If YES, describe that portion:			
12. Has any portion of this property be since 12:01 a.m., January 1 last	een rented to, leased to, or been used year? Yes No	d and/or operated by some pers	son or organization other than the claimant
a. If property is leased to anothe CHURCH NAME	r church, provide the name and maili	ng address:	
MAIL ING ADDDEGG ALLI INDED AND GO	TRETTINO POY	lam or a	
MAILING ADDRESS (NUMBER AND ST	REET/P. O. BOX	CITY, STA	TE, ZIP CODE
b. If property is leased to an organisheets if necessary.	anization other than a church, provide	e the name, type of organization	on and frequency of use; attach additional
NAME		TYPE	FREQUENCY
NAME		TYPE	FREQUENCY
the user/operator both file a claim 13. Has there been any change in since 12:01 a.m., January 1 last	for the Welfare Exemption. Contact the use of the property or any construyear? Yes No If YES, description	the Assessor. ruction commenced and/or co ribe:	nay be exempt if the claimant (owner) and make make make make the claimant (owner) and make the
Yes No If YES, list the		the type, make, model, and se	rial number of the property. If the property e property (attach schedule as necessary):
NAME	ould we contact during normal bu	usiness hours for addition	al information?
			11122
DAYTIME TELEPHONE ()	EMAIL ADDRESS		
	CERTIFIC	CATION	
	f perjury under the laws of the State of ements or documents, is true, correct		and all information hereon, including any ny knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		TITLE	
NAME OF PERSON MAKING CLAIM			DATE

