CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



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 m	ust be filed with the Assessor by February 15.
	ust be med with the Assessor by rebruiry ro.
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
CITY, COUNTY, ZIP CODE	DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes)	
Claimant is: Owner and operator Owner only O	perator only
and claims exemption on all Land Buildings and impro	
	religious worship, including any building in the course of construction?
☐ Yes ☐ No	
Is the land claimed as exempt required for the convenient use of th	ese buildings?
Yes No	
	daimed for parking purposes necessarily and reasonably required for the us worship or religious activity, and which is not at other times used for
🗌 Yes 🗌 No	
	icycles, the revenue of which does not exceed the ordinary and necessary s. Leased property used for parking purposes is eligible for exemption only no greater than 500 members.
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 STREI	ET/P. O. BOX)	CITY, STATE, ZI	P CODE
Yes No If Y	e church for parking purposes? gregation of the church, religious denor (ES, the property, or portion thereof, so a exemption must inure to the church	used is not eligible for exem	ption.
that the church exemption is take payments, or a refund of such paym	en into account in fixing the terms on nents, if paid, for each month of occup paid during such fiscal year by reason	of agreement, the church s bancy (or use), or portion the	shall receive a reduction in renta
 9. Are bingo games being operated on each year for the property, or portion Yes No 	this property? If YES, a claim for the W of the property so used, to be exempt.	/elfare Exemption must be fil	ed with the Assessor by February 15
10. Is any portion of this property being ☐ Yes ☐ No			
Note: Living quarters are not eligib Exemption. Contact the Assessor.	le for the Church or Religious Exemp	tions. Certain living quarters	may be exempt under the Welfare
11. Is any portion of this property vacan ☐ Yes ☐ No If YES, describe the second se			
12. Has any portion of this property beer		or operated by some person o	r organization other than the claimant
since 12:01 a.m., January 1 last year		or operated by some person of	rorganization other than the claiman
Yes No If YES, describe:	ANII		
The second second to the second se	h, provide the name and mailing addre	SS:	
MAILING ADDRESS (NUMBER AND STREE		CITY, STATE, ZI	
	pt for wo <mark>rs</mark> hip only) is not eligible for the the Welfare Exemption. Contact the As		e exempt if the claimant (owner) and
13. Has there been any change in the since 12:01 a.m., January 1 last yea		n commenced and/or comple	ted on this property
Yes No If YES, describe:			
	ne and ad <mark>dr</mark> ess of the own <mark>er</mark> and the ty	be, <mark>make, mode</mark> l, and serial n	
listed is not used e	xclusively for religious worship, please s	sta te the other u ses of the pro	perty (attach schedule as necessary)
Whom should	d we contact during normal busine	ss nours for additional in	formation?
	1		
DAYTIME TELEPHONE	EMAIL ADDRESS		
<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

