EF-263-C-R03-0522-20000122-1

BOE-263-C (P1) REV. 03 (05-22)

#### **CHURCH LESSORS' EXEMPTION CLAIM**

PROPERTY LEASED BY A CHURCH TO A PUBLIC SCHOOL, COMMUNITY COLLEGE, STATE COLLEGE, OR STATE UNIVERSITY, INCLUDING THE UNIVERSITY OF CALIFORNIA, USED JOINTLY WITH A CHURCH

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



# **Brett Frazier Madera County Assessor**

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

If you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated:    IDENTIFICATION OF APPLICANT     IESSOR'S CHURCH OR ORGANIZATION NAME     MAILING ADDRESS			To receive the full exemption, this claim mus be filed with the Assessor by February 15.
DENTIFICATION OF APPLICANT  LESSOR'S CHURCH OR ORGANIZATION NAME  MAILING ADDRESS  CITY, STATE, ZIP CODE  CORPORATE ID (IF ANY)  IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET)  THISCAL YEAR OF CLAIM 20 20  CITY, COUNTY, ZIP CODE  ASSESSOR'S PARCEL NUMBER  USE OF PROPERTY \[ \text{Check and state the primary and incidental qualifying uses of the property.}  The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee)  PROPERTY TYPE   PRIMARY USE(S)   INCIDENTAL USE  Land   Buildings and improvements   Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION  MAILING ADDRESS   CITY, STATE, ZIP CODE  CITY, STATE, ZIP CODE    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 and correct to the best of my knowledge and belief.  SIGNATURE OF PERSON MAKING CLAIM   DATE  NAME OF PERSON MAKING CLAIM   TITLE	L	⊒	,
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NAME OF PERSON MAKING CLAIM  TITLE			
	SIGNATURE OF PERSON MAKING CLAIM		DATE
EMAIL ADDRESS  DAYTIME TELEPHONE  ( )	NAME OF PERSON MAKING CLAIM		TITLE
	EMAIL ADDRESS		DAYTIME TELEPHONE  ( )



#### INSTRUCTIONS FOR FILING CHURCH LESSORS' EXEMPTION CLAIM

#### **IMPORTANT NOTICE**

This claim may be filed to claim the welfare exemption on property leased by a church to a public school, community college, state college, state university, including the University of California when the church and public school or college both use the property in a joint manner. (See Revenue and Taxation Code section 214.6.)

Although the church has previously been granted the religious exemption, which only requires a one-time filing, annual filing of this claim form is required for a property used in conjunction with a public school to be granted the welfare exemption.

Failure to submit the public school or college lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the lessors' claim form is due will result in a portion of the exemption being denied. A sample affidavit is included as page 3 of this form.

### **IDENTIFICATION OF APPLICANT**

Enter your church, corporate or organization information.

## **IDENTIFICATION OF PROPERTY**

Enter the address of the property for which you are seeking exemption.

#### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

#### **USES OF PROPERTY**

Check each of the types of property being claimed, and state the primary and incidental uses of the property. Primary use may include both church and school use; incidental uses would include others who use the property for meetings, receptions, etc.

Enter the name and address of the public school or college lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Check the appropriate box to affirm that the total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property. The exemption is not available if the income exceeds the ordinary and usual expenses in maintaining and operating the leased property.

Attach an affidavit in which the public school or college lessee declares it uses the property for exempt purposes.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.



RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES

NAME OF QUALIFYING PUBLI	C SCHOOL LESSEE		
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
✓ Check the type of qual	ifying use of the property		
PUBLIC SCH	OOL	STATE UNIVERSITY	
☐ COMMUNITY	COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ STATE COLL	EGE		
NAME OF CHURCH			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			<del>_</del>
DATE LEASE SIGNED  The following property is letc. Attach a separate listing	eased as of January 1 of this	R MAY REQUEST A COPY OF THE LEASE AGREEMENT year. If personal property is being leased, indica	DMMENCEMENT DATE OF LEASE  te the type, make, model, serial number,
PROPERTY TYPE			
(REAL OR PERSONAL)		PROPERTY DESCRIPTION	<u></u>
		litical subdivisions of the state, the property is	s located within the boundaries of the
Yes No The proposection 5	12 of the Internal Revenue copy of the institution's moreoperty taxes are determine	a student bookstore that generates unrelated	evenue Service must accompany this
		CERTIFICATION	
		laws of the State of California that the foregoing cuments, is true and correct to the best of my kno	
SIGNATURE OF PERSON MAKING	CLAIM		DATE
NAME OF PERSON MAKING CLAIM			TITLE
EMAIL ADDRESS			DAYTIME TELEPHONE ( )

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

