	Monterey County Assessor P. O. Box 570	
	Salinas, CA 93902-0570	
93-1850 · 415	Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us	
vould		
Г	FOR ASSESSOR'S USE ONLY	
	Received	
	Approved	
	Denied	
	Reason for denial	
m must be filed with t	the Assessor by February 15.	
at this location. Sign	and return this form to the Assessor.	
	ASSESSOR'S PARCEL NUMBER	
	DATE PROPERTY WAS FIRST USED BY CLAIMANT	
Operator only		
improvements and/or	☐ Perso <mark>na</mark> l proper <mark>ty</mark>	
y for religious worship, incl	uding any building in the course of construction?	
of these buildings?	es 🗌 No	
	urposes necessarily and reasonably required for the us activity, and which is not at other times used for	
	- /	
	of which does not exceed the ordinary and necessary sed for parking purposes is eligible for exemption only nembers.	
erated at this location?		
	n must be filed with t at this location. Sign Departor only mprovements and/or y for religious worship, incli of these buildings? Ye n is claimed for parking pu eligious worship or religion	

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)?

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



[🗌] Yes 🗌 No

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

OWNER NAME			
MAILING ADDRESS (NUMBER AND S	TREET/P. O. BOX)	CITY, STATE, ZIP CODE	
	congregation of the church, religious denor If YES, the property, or portion thereof, so	used is not eligible for exemption.	
that the church exemption is payments, or a refund of such p	/ tax exemption must inure to the church; taken into account in fixing the terms or payments, if paid, for each month of occup not paid during such fiscal year by reason of	of agreement, the church shall rec pancy (or use), or portion thereof, dur	ceive a reduction in rental
	I on this property? If YES, a claim for the W tion of the property so used, to be exempt.		ne Assessor by February 15
10. Is any portion of this property be	eing used for living quarters for any person?	' If YES, describe that portion:	s 🗌 No
Exemption. Contact the Assesso		ions. Certain living quarters may be	exempt under the Welfare
11. Is any portion of this property va If YES, describe that portion:	acant and/or unused?		
since 12:01 a.m., January 1 las			ation other than the claimant
	er church, provide the name and mailing ad	dress:	
CHURCH NAME			_
MAILING ADDRESS (NUMBER AND S	TREET/P. O. BOX)	CITY, STATE, ZIP CODE	
 b. If property is leased to an org sheets if necessary. 	ganization other than a church, provide the r	name, type of organization and freque	ncy of use; attach additional
NAME		ТҮРЕ	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
	xcept for wo <mark>rsh</mark> ip only) is not eligible for the 1 for the Welfare Exemption. Contact the As		t if the claimant (owner) and
	the use of the property or any construction year? ☐ Yes ☐ No If YES, describe:	commenced and/or completed on th	is property
Yes No If YES, list the	erty at this location being leased or rented fr name and address of the owner and the typ ed exclusively for religious worship, please s	be, <mark>make, mode</mark> l, and serial number of	
Whom sh	ould we contact during normal busine	ss hours for additional informatic	on?
NAME		TITLE	
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

