EF-262-AH-R10-0519-36000215-1

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.")

NAME AND MAILING ADDRESS



Josie Gonzales Assessor-Recorder-County Clerk

County of San Bernardino Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc

Phone: (909) 387-8307 Toll Free: (877) 885-7654

(Make necessary corrections to the printed h	ane and mailing address)	
Г	٦	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L	_	
	xemption, this claim must be filed with the seek an exemption at this location. Sign	
NAME OF CHURCH, ORGANIZA <mark>TIO</mark> N, ETC.		
WEBSITE ADDRESS (IF ANY)		
MAILING ADDRESS (NUMBER AND STREET/P.	O. BOX)	. — .
CITY, STATE, ZIP CODE		
ADDRESS OF PROPERTY (NUMBER AND STRE	ET)	ASSESSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP CODE		DATE PROPERTY WAS FIRST USED BY CLAIMANT
and claims exemption on all	ator ☐ Owner only ☐ Operator only nd ☐ Buildings and improvements and/or nd as exempt used solely for religious worship, inclu	☐ Personal property ding any building in the course of construction?
	I for the convenient use of these buildings?	
☐ Yes ☐ No		
- -		was a second by and reasonably required for the
		rposes necessarily and reasonably required for the sactivity, and which is not at other times used for
Yes No	OCL	. •
costs of operating and maintaining the		f which does not exceed the ordinary and necessary ed for parking purposes is eligible for exemption only embers.
5. List all uses of the property:		
6. a. Is an elementary school and/or seco	ondary school being operated at this location?	
☐ Yes ☐ No		
 b. Is a children's day care center being and infant care centers)? 	g operated at this location (a children's day care ce	enter includes licensed nursery schools, preschools,
☐ Yes ☐ No		
church and used for religious worship, prograde (grades 1 - 12), or for the purposes	reschool purposes, nursery school purposes, kinderga s of both schools of collegiate grade and schools of les mption has a "one-time filing" provision and should be f	otion. If the property is both owned and operated by the carten purposes, school purposes of less than collegiate is than collegiate grade, the claimant may qualify for the filed by February 15; contact the Assessor. The claimant

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:		
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	

