| 262-AH-R10-0519-36000164-1<br>BOE-262-AH (P1) REV. 10 (05-19)<br>CHURCH EXEMPTION<br>PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP<br>This claim is filed for fiscal year 20 20  | RECORDER COLLEGE  | Josie Gonzales<br>Assessor-Recorder-County Clerk<br>County of San Bernardino<br>Assessor's Office<br>222 W. Hospitality Lane - 4th Floor<br>San Bernardino, CA 92415-0311<br>www.sbcounty.gov/arc<br>Phone: (909) 387-8307   |
|---|---|--|
| (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")  |   | Toll Free: (877) 885-7654  |
| NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and mailing address)  |   |  |
| Г   | Г   | FOR ASSESSOR'S USE ONLY  |
|   |   | Received   |
|   |   | Approved   |
|   |   | Denied   |
| L   | I   | Reason for denial  |
|   |   |  |
| To receive the full exemption, this claim   |   |  |
| Check here if you no longer seek an exemption a NAME OF CHURCH, ORGANIZATION, ETC.  | at this location. Sig   | gn and return this form to the Assessor.   |
| 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   |
| ADDRESS OF PROPERTY (NUMBER AND STREET)   |   | ASSESSOR S PARCEL NUMBER   |
| CITY, COUNTY, ZIP CODE  |   | DATE PROPERTY WAS FIRST USED BY CLAIMAN  |
| Claimant is:       □ Owner and operator       □ Owner only       □         and claims exemption on all       □ Land       □ Buildings and im         2. Are all buildings and equipment claimed as exempt used solely f       □       Yes       No         3. Is the land claimed as exempt required for the convenient use of       □ Yes       No         4. Is all real property used by the church upon which exemption parking of automobiles of persons attending or engaged in rel commercial purposes?       □ Yes       No         Commercial purposes does not include the parking of vehicles of costs of operating and maintaining the property for parking purpor if the congregation of the church, religious congregation, or sect       5. List all uses of the property: | nprovements and/o<br>for religious worship, ir<br>f these buildings?<br>is claimed for parking<br>ligious worship or relig<br>or bicycles, the revenue<br>oses. Leased property | purposes necessarily and reasonably required for the purposes necessarily and reasonably required for the provide activity, and which is not at other times used for parking purposes is eligible for exemption or purposes is |
| 6. a. Is an elementary school and/or secondary school being opera   | ated at this location?  |  |
|   | n (a children's day care  | e center includes licensed nursery schools, preschool  |
|   |   |  |
| and infant care centers)?   |   |  |
|   | y school purposes, kinde<br>ate grade and schools of<br>g" provision and should   | ergarten purposes, school purposes of less than collegia<br>less than collegiate grade, the claimant may qualify for t   |

EF-262-AH-R10-0519-36000164-2 BOE-262-AH (P2) REV. 10 (05-19)

| 7. Is the real property listed on this  | s claim owned by the church? U Ye  | s 🔝 No If NO, state the nam  | e and address of owner:   |
|---|--|--|---|
| OWNER NAME  |  |  |   |
| MAILING ADDRESS (NUMBER AND   | STREET/P. O. BOX)  | CITY, STAT   | E, ZIP CODE   |
| Yes No If YES, is th  | by the church for parking purposes?<br>e congregation of the church, religious<br>o If YES, the property, or portion ther  |  |   |
| specifically provide that the church rental payments, or a refund of s  | rch exemption is taken into account i<br>such payments, if paid, for each month  | in fixing the terms of agreemen<br>n of occupancy (or use), or porti   | ement for any leased property does not<br>t, the church shall receive a reduction in<br>on thereof, during the fiscal year equal to<br>The assessor may request a copy of the |
|   | ed on this property? If YES, a claim fo<br>ortion of the property so used, to be ex  |  | be filed with the Assessor by February 15   |
| 10. Is any portion of this property   | being used for living quarters for any p   | person? If YES, describe that p  | ortion: 🗌 Yes 🗌 No  |
| Exemption. Contact the Assess   | eligible for the Church or Religious<br>sor.<br>vacant and/or unused? □ Yes □ N  |  | rters may be exempt under the Welfare   |
| If YES, describe that portion:  |  |  |   |
| 12. Has any portion of this property since 12:01 a.m., January 1 la   |  | ed and/or operated by some pers  | son or organization other than the claimant   |
| a. If property is leased to anoth<br>CHURCH NAME  | ner church, provide the name and mai   | ling address:  |   |
| MAILING ADDRESS (NUMBER AND   | STREET/P. O. BOX)  | CITY, STAT   | E, ZIP CODE   |
|   | ganization other than a church, provid   | de the name, type of organization  | on and frequency of use; attach additional  |
| sheets if necessary.<br>NAME  |  | ТҮРЕ   | FREQUENCY   |
| NAME  |  | TYPE   | FREQUENCY   |
|   |  | ТҮРЕ   | Theodenet   |
| <ul> <li>the user/operator both file a clai</li> <li>13. Has there been any change in since 12:01 a.m., January 1 la</li> <li>14. Is any equipment or other prop <ul> <li>Yes</li> <li>No</li> <li>If YES, list th</li> </ul> </li> </ul> | im for the Welfare Exemption, Contac<br>n the use of the property or any cons<br>st year? Yes No If YES, des<br>perty at this location being leased or re<br>e name and address of the owner and | t the Assessor.<br>truction commenced and/or co<br>cribe:<br>ented from someone else?<br>I the type, make, model, and se | nay be exempt if the claimant (owner) and<br>mpleted on this property<br>rial number of the property. If the property<br>e property ( <i>attach schedule as necessary</i> ):  |
|   |  |  |   |
| Whom s  | hould we contact during normal <b>b</b>  | ousiness hours for addition  | al information?   |
| NAME  |  |  | TITLE   |
| DAYTIME TELEPHONE   | EMAIL ADDRESS  |  |   |
|   | CERTIF   | ICATION  |   |
|   | of perjury under the laws of the State<br>atements or documents, is true, correc   |  | and all information hereon, including any ny knowledge and belief.  |
| SIGNATURE OF PERSON MAKING CLAIM  |  |  | TITLE   |
| NAME OF PERSON MAKING CLAIM   |  |  | DATE  |

