EF-262-AH-R10-0519-48000218-1

BOE-262-AH (P1) REV. 10 (05-19)

## **CHURCH EXEMPTION**

## PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

This claim is filed for fiscal year 20\_\_\_\_ - 20\_\_\_. (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

## Glenn Zook Solano County Assessor/Recorder

675 Texas Street Suite 2700 Fairfield, CA 94533-6338 (707) 784-6210 http://www.solanocounty.com/depts/ar assessor@solanocounty.gov

NAME AND MAILING ADDRESS (Make necessary corrections to th	e printed name and mailing address)		
Γ		٦	FOR ASSESSOR'S USE ONLY
			Received
			Approved
			Denied
			Reason for denial
L			
			sessor by February 15. return this form to the Assessor.
NAME OF CHOICH, ORGANIZATION,	_10.		
WEBSITE ADDRESS (IF ANY)			
MAILING ADDRESS (NUMBER AND ST	REET/P. O. BOX)		
CITY, STATE, ZIP CODE	7/1/		
ADDRESS OF PROPERTY (NUMBER A	ND STREET)		ASSESS <mark>OR</mark> 'S PARCEL NUMBER
CITY, COUNTY, ZIP CODE	, , , , , , , , , , , , , , , , , , ,		DATE PROPERTY WAS FIRST USED BY CLAIMANT
☐ Yes ☐ No  3. Is the land claimed as exempt if ☐ Yes ☐ No  4. Is all real property used by the	required for the convenient use of these church upon which exemption is class	eligious worship, including a se buildings? aimed for parking purposes	Personal property any building in the course of construction?  sinecessarily and reasonably required for the
commercial purposes?	ons attending or engaged in religiou	s worship or religious activ	vity, and which is not at other times used for
Yes No			
costs of operating and maintain		Leased property used for p	n does not exceed the ordinary and necessary parking purposes is eligible for exemption only s.
5. List all uses of the property:			
	or secondary school being operated	at this location?	
☐ Yes ☐ No			
and infant care centers)?	er being operated at this location (a c	hildren's day care center ir	ncludes licensed nursery schools, preschools,
☐ Yes ☐ No			
church and used for religious wo grade (grades 1 - 12), or for the p	orship, preschool purposes, nursery school purposes of both schools of collegiate gr	ool purposes, kindergarten p ade and schools of less than	the property is both owned and operated by the urposes, school purposes of less than collegiate collegiate grade, the claimant may qualify for the February 15; contact the Assessor. The claimant

may wish instead to annually file by February 15 for the Welfare Exemption.

7. Is the real property listed on	this claim owned by the church? $\ \ \square$ Yes	☐ No If NO, state the name and address of owner:
OWNER NAME		
MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	CITY, STATE, ZIP CODE
Yes No If YES, is Yes Yes Yes Yes Yes Yes Yes Yes Yes Specifically provide that the crental payments, or a refund one-twelfth of the property ta lease or rental agreement.  9. Are bingo games being open each year for the property, or 10. Is any portion of this property.	No If YES, the property, or portion there erty tax exemption must inure to the church exemption is taken into account ir of such payments, if paid, for each month xes not paid during such fiscal year by rearted on this property? If YES, a claim for a portion of the property so used, to be extra being used for living quarters for any poor eligible for the Church or Religious E	rch; if the lease or rental agreement for any leased property does not fixing the terms of agreement, the church shall receive a reduction in of occupancy (or use), or portion thereof, during the fiscal year equal to ason of the Church Exemption. The assessor may request a copy of the the Welfare Exemption must be filed with the Assessor by February 15
11. Is any portion of this pr <mark>op</mark> er If YES, describe that portion	ty vac <mark>an</mark> t and/or <mark>un</mark> used <mark>?  Yes  No</mark> n:	
since 12:01 a.m., January 1	last year? Yes No nother church, provide the name and mail	d and/or operated by some person or organization other than the claimant ng address:  CITY, STATE, ZIP CODE
b. If property is leased to ar sheets if necessary. NAME	n organization other than a church, provide	the name, type of organization and frequency of use; attach additional  TYPE  FREQUENCY  TYPE  FREQUENCY
the user/operator both file a  13. Has there been any chang since 12:01 a.m., January 1  14. Is any equipment or other part of Yes No If YES, list	claim for the Welfare Exemption. Contact e in the use of the property or any constitution of the property or any constitution of the property of the property of the property at this location being leased or retain the name and address of the owner and	ructi <mark>on</mark> com <mark>menced and/or co</mark> mpleted on this property ribe:
	n should we contact during normal b	usiness hours for additional information?
NAME		TITLE
DAYTIME TELEPHONE  ( )	EMAIL ADDRESS	•
( )	CERTIFI	CATION
	alty of perjury under the laws of the State	of California that the foregoing and all information hereon, including any , and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		TITLE
NAME OF PERSON MAKING CLAIM		DATE

