EF-262-AH-R10-0519-51000207-1

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 (Make necessary corrections to the printed name and mailing address) |
|---|
| г -   |
|   |
|   |
|   |

## **Kathy Scriven Sutter County Assessor**

1160 Civic Center Blvd., Suite D Yuba City, CA 95993

Phone Number: (530) 822-7160 Fax Number: (530) 822-7198 Email: assessor@co.sutter.ca.us

| (Make necessary corrections to the printed no   | ame and mailing address)   |   |
|---|--|---|
| Г   | ٦  | FOR ASSESSOR'S USE ONLY   |
|   |  | Received  |
|   |  | Approved  |
|   |  | Denied  |
|   |  | Reason for denial   |
| L   | لـ   |   |
| To rec <mark>eive the ful</mark> l ex   | xemption, this claim must be filed with  | h the Assessor by February 15.  |
| ☐ Check here if you no longer s   | seek an exemption at this location. Sig  | gn and return this form to the Assessor.  |
| NAME OF CHURCH, ORGANIZATION, ETC.  | $\neg 1. \supset 1$  | $\Delta$  |
| WEBSITE ADDRESS (IF ANY)  |  |   |
| MAILING ADDRESS (NUMBER AND STREET/P.   | O. BOX)  |   |
|   |  |   |
| CITY, STATE, ZIP CODE   |  |   |
| ADDRESS OF PROPERTY (NUMBER AND STRE  | iET)   | ASSESSOR'S PARCEL NUMBER  |
| CITY, COUNTY, ZIP CODE  | 1 / V / I  | DATE PROPERTY WAS FIRST USED BY CLAIMANT  |
| 1. Owner and operator: (check applicable  | boxes)   |   |
| Claimant is:  | tor Owner only Operator only   |   |
| and claims exemption on all 🔲 La  | n <mark>d   Buildings and</mark> improvements  a <mark>nd</mark> /o                                    | or ☐ Perso <mark>na</mark> l proper <mark>ty</mark>   |
| 2. Are all buildings and equipment claime   | d as exempt used solely for reli <mark>gio</mark> us worship, ir                                       | n <mark>clu</mark> ding any b <mark>uil</mark> ding in t <mark>he</mark> course of construction?  |
| ☐ Yes ☐ No  |  |   |
| 3. Is the land claimed as exempt required   | for the convenient use of these buildings?   |   |
| ☐ Yes ☐ No  |  |   |
|   |  | purposes necessarily and reasonably required for the  |
|   | ending or engaged in religious worship or relig  | gious activity, and which is not at other times used for  |
| commercial purposes?  |  |   |
| Yes No  | About a district of the second   | - fullish days and the andiana, and a second  |
| costs of operating and maintaining the  |  | e of which does not exceed the ordinary and necessary used for parking purposes is eligible for exemption only members.   |
| 5. List all uses of the property:   |  |   |
|   |  |   |
| 6 a Is an elementary school and/or seco   | ndary school being operated at this location?  |   |
| Yes No  | many concert bonny operated at this location.  |   |
| b. Is a children's day care center being  | operated at this location (a children's day care   | e center includes licensed nursery schools, preschools,   |
| and infant care centers)?   |  |   |
| ☐ Yes ☐ No  Note: If the answer is YES to a or b. about                                 | ove the property is not eligible for the Church Eve  | emption. If the property is both owned and operated by the  |
| church and used for religious worship, pr<br>grade (grades 1 - 12), or for the purposes | reschool purposes, nursery school purposes, kinders of both schools of collegiate grade and schools of | ergarten purposes, school purposes of less than collegiate<br>f less than collegiate grade, the claimant may qualify for the<br>be filed by February 15; contact the Assessor. The claimant |

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

| MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)  Is leased property, if any, used by the church for parking purposes?    Yes   No   If YES, is the congregation of the church, religious denomination, or sect greater than 500 members?   Yes   No   If YES, is the property, or portion thereof, so used is not eligible for exemption.   Note: The benefit of a property tax exemption must inure to the church; if the lease or rental agreement, the church shall receive a rerental payments, or a refund of such payments, if paid, for each month of occupancy (or use), or portion thereof, during the fiscal year on-el-width of the property taxes not paid during such instal year by reason of the Church Exemption. The assessor may request a release or rental agreement. The property year on bend full during the scale year for the property, or portion of the property so used, to be exempt.   Yes   No  |  | i this claim owned by the church?   Yes   | No If NO, state the name and address of o  | owner:   |
|--|--|---|--|--|
| Is leased property, if any, used by the church for parking purposes?   | OWNER NAME   |   |  |  |
| Yes   No   | MAILING ADDRESS (NUMBER  | AND STREET/P. O. BOX)   | CITY, STATE, ZIP CODE  |  |
| specifically provide that the church exemption is taken into account in fixing the terms of agreement, the church shall receive a re rental payments, or a refund of such payments, if paid, for each month of occupancy (or use), or portion thereof, during the fiscal year overwhelfth of the property taxes not paid during such fiscal year by reason of the Church Exemption. The assessor may request a clease or rental agreement.  Are bingo games being operated on this property? If YES, a claim for the Welfare Exemption must be filed with the Assessor by Feach year for the property, or portion of the property so used, to be exempt.   YeS   No.    Note: Living quarters are not eligible for the Church or Reigious Exemptions. Certain living quarters may be exempt under the Exemption. Contact the Assessor.  1. Is any portion of this property vacant and/or unused?   YeS   No.    If YES, describe that portion:  2. Has any portion of this property been rented to, leased to, or been used and/or operated by some person or organization other than the since 12:01 a.m., January Tlast year?   YeS   No.    a. If property is leased to another church, provide the name and mailing address:  CHURCH NAME  MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)   CITY STATE, ZIP CODE    NAME   TYPE   FI  NOte: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (in the user/operator both file a claim for the Welfare Exemption. Contact the Assessor.  1. Has here been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year?   YeS   No   If YES, describe:  Whom should we contact during normal business hours for additional information?  Whom should we contact during normal business hours for additional information?  EMAIL ADDRESS   CERTIFICATION   CERTIFIC | ☐ Yes ☐ No If YES,   | is the congregation of the church, religious de   |  | s?   |
| one of the property, or portion of the property so used, to be exempt.   Yes   No    Note: Living quarters are not eligible for the Church or Religious Exemptions. Gertain living quarters may be exempt under the Exemption. Contact the Assessor.  Is any portion of this property vacant and/or unused?   Yes   No    If YES, describe that portion:  2. Has any portion of this property been rented to, leased to, or been used and/or operated by some person or organization other, than the since 12:01 a.m., January 11st year?   Yes   No    a. If property is leased to another church, provide the name, and mailing address:  CHURCH NAME  MAILING ADDRESS (NUMBER AND STREET/P O. BOX)  b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attact sheets if necessary.  NAME  Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (of the user/operator both file a claim for the Welfare Exemption. Contact the Assessor.  3. Has there been any change in the use of the property or any construction, commenced and/or completed on this property, if the islated is not used exclusively for religious worship, please state the other uses of the property (attach schedule as religious worship, please state the other uses of the property (attach schedule as religious worship, please state the other uses of the property (attach schedule as religious worship, please state the other uses of the property (attach schedule as religious worship, please state the other uses of the property (attach schedule as religious worship, please state the other uses of the property (attach schedule as religious worship, please state the other uses of the property (attach schedule as religious worship, please state the other uses of the property (attach schedule as religious worship, please state the other uses of the property (attach schedule as religious worship, please state the other uses of the posenty (attach sch | specifically provide that the<br>rental payments, or a refun-<br>one-twelfth of the property   | church exemption is taken into account in f<br>d of such payments, if paid, for each month of   | ixing the terms of agreement, the church shall foccupancy (or use), or portion thereof, during   | receive a reduction i<br>the fiscal year equal t |
| Note: Living quarters are not eligible for the Church or Religious Exemptions. Certain living quarters may be exempt under the Exemption. Contact the Assessor.  1. Is any portion of this property vacant and/or unused?  |  |   |  | sessor by February 1                             |
| Exemption. Contact the Assessor.  If YES, describe that portion:  12. Has any portion of this property vacant and/or unused?     Yes   | 0. Is any portion of this prop   | erty being <mark>us</mark> ed for liv <mark>ing</mark> qu <mark>art</mark> ers for any per  | son? If YES, describe that portion:   Yes  | No   |
| 12. Has any portion of this property been rented to, leased to, or been used and/or operated by some person or organization other than it since 12:01 a.m., January 1 last year?   Yes   No   a. If property is leased to another church, provide the name and mailing address:  CHURCH NAME  MAILING ADDRESS (NUMBERAND STREET/P. O. BOX)    D. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attact sheets if necessary.  NAME    NAME   TYPE   FF  | Exemption. Contact the As  | sessor.   | emptions. Certain living quarters may be exer  | mpt under the Welfard                            |
| a. If property is leased to another church, provide the name and mailing address:  CHURCH NAME  MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)  b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attact sheets if necessary.  NAME  NAME  NOTE: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (or the user/operator both file a claim for the Welfare Exemption, Contact the Assessor.  13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe:  14. Is any equipment or other property at this location being leased or rented from someone else?  Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as recompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.  | If YES, describe that porti  | on:   |  | _  |
| MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)  b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attact sheets if necessary.  NAME  NAME  NOTE: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (of the user/operator both file a claim for the Welfare Exemption. Contact the Assessor.  13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe:  14. Is any equipment or other property at this location being leased or rented from someone else?    Yes   No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as response).  Whom should we contact during normal business hours for additional information?  NAME    TITLE   CERTIFICATION  | since 12:01 a.m., January  | 1 last year? ☐ Yes ☐ No   |  | other than the claiman                           |
| b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attack sheets if necessary.  NAME    TYPE  | CHURCH NAME  | SAM   |  |  |
| NAME  Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (of the user/operator both file a claim for the Welfare Exemption, Contact the Assessor, 13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe:  14. Is any equipment or other property at this location being leased or rented from someone else?  Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as a substitute of the property of the property (attach schedule as a substitute of the property of the proper | MAILING ADDRESS (NUMBER  | AND STREET/P. O. BOX)   | CITY, STATE, ZIP CODE  |  |
| Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (of the user/operator both file a claim for the Welfare Exemption, Contact the Assessor.  13. Has there been any change in the use of the property of any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe:  14. Is any equipment or other property at this location being leased or rented from someone else?    Yes  |  | an organization other than a church, provide t  | he name, type of organization and frequency o  | of use; attach additiona                         |
| Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (of the user/operator both file a claim for the Welfare Exemption. Contact the Assessor.  13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe:  14. Is any equipment or other property at this location being leased or rented from someone else?  Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as resembled in the property of the property (attach schedule as resembled in the property of the property (attach schedule as resembled in the property of the property (attach schedule as resembled in the property of the property of the property of the property of the property (attach schedule as resembled in the property of the property o |  |   | TYPE   | FREQUENCY  |
| the user/operator both file a claim for the Welfare Exemption. Contact the Assessor.  13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe:  14. Is any equipment or other property at this location being leased or rented from someone else?  Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as resembled).  Whom should we contact during normal business hours for additional information?  What Elephone Email Address  CERTIFICATION  It certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.   | NAME   |   | TYPE   | FREQUENCY  |
| DAYTIME TELEPHONE  ( )  CERTIFICATION  Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, included accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.  | the user/operator both file a  3. Has there been any char since 12:01 a.m., January  4. Is any equipment or other  Yes No If YES, Ii | a claim for the Welfare Exemption. Contact the rige in the use of the property or any construct 1 last year? Yes No If YES, described property at this location being leased or rent st the name and address of the owner and the | e Assessor.  ction commenced and/or completed on this property of the property | operty property. If the property                 |
| DAYTIME TELEPHONE ( )  CERTIFICATION  I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, included accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.   |  |   |  |  |
| CERTIFICATION  Certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, included accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.  | Who  | m should we contact during normal bus   | siness hours for additional information?   |  |
| CERTIFICATION  certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, included accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.  | NAME   |   | TITLE  |  |
| certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, inc<br>accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.   | DAYTIME TELEPHONE  | EMAIL ADDRESS   |  |  |
| certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, inc<br>accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.   | . )  | CERTIFIC  | ATION  |  |
|  |  | nalty of perjury under the laws of the State of   | California that the foregoing and all information  |  |
|  | • •  | -   | · · · · · · · · · · · · · · · · · · ·  |  |
| NAME OF PERSON MAKING CLAIM DATE   | IAME OF PERSON MAKING CLAIM  |   | DATE   |  |

