L Check here if you no longer seek an exemption at this location. S	
PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP	Ph: (559) 636-5100 Fax: (559) 737-4468
This claim is filed for fiscal year 20 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) 「 To receive the full exemption, this claim must be filed wint Check here if you no longer seek an exemption at this location. S	Fax: (559) 737-4468          FOR ASSESSOR'S USE ONLY         Received         Approved         Denied         Reason for denial         Reason for denial
(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) □ To receive the printed name and mailing address □ To receive the full exemption, this claim must be filed wite □ Check here if you no longer seek an exemption at this location. S	Received
(Make necessary corrections to the printed name and mailing address) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Received
☐ To receive the full exemption, this claim must be filed wi ☐ Check here if you no longer seek an exemption at this location. S	Received
To receive the full exemption, this claim must be filed wir Check here if you no longer seek an exemption at this location. S	Approved Denied Reason for denial th the Assessor by February 15.
To receive the full exemption, this claim must be filed wir Check here if you no longer seek an exemption at this location. S	th the Assessor by February 15.
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☐ Check here if you no longer seek an exemption at this location. S	
	ign and return this form to the Assessor.
NAME OF CHURCH, ORGANIZATION, ETC.	S A
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
CITY, COUNTY, ZIP CODE	DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes)	
Claimant is: Owner and operator Owner only Operator only	
and claims exemption on all Land Duildings and improvements and	/or Perso <mark>na</mark> l proper <mark>ty</mark>
2. Are all buildings and equipment claimed as exempt used solely for religious worship,	including any building in the course of construction?
3. Is the land claimed as exempt required for the convenient use of these buildings?	Yes No
4. Is all real property used by the church upon which exemption is claimed for parkin parking of automobiles of persons attending or engaged in religious worship or rel commercial purposes?	
	—
<i>Commercial purposes</i> does not include the parking of vehicles or bicycles, the reven costs of operating and maintaining the property for parking purposes. Leased propert if the congregation of the church, religious congregation, or sect is no greater than 50	y used for parking purposes is eligible for exemption only
5. List all uses of the property:	
6. a. Is an elementary school and/or secondary school being operated at this location?	
b. Is a children's day care center being operated at this location (a children's day ca and infant care centers)?	re center includes licensed nursery schools, preschools

**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



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	STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
<ul> <li>Yes □ No If YES, is the</li> <li>□ Yes □ Ne</li> <li>Note: The benefit of a proper that the church exemption is payments, or a refund of such</li> </ul>	by the church for parking purposes? e congregation of the church, religious denom o If YES, the property, or portion thereof, so u ty tax exemption must inure to the church; taken into account in fixing the terms of payments, if paid, for each month of occupa s not paid during such fiscal year by reason of	used is not eligible for exemption. if the lease or rental agreement does not f agreement, the church shall receive a ancy (or use), or portion thereof, during the	t specifically provide reduction in rental
	d on this property? If YES, a claim for the We prtion of the property so used, to be exempt.		essor by February 15
	being used for living quarters for any person? eligible for the Church or Religious Exemption or.		
· · · ·	vacant and/or unused?  Yes No	IS F	
since 12:01 a.m., January 1 la a. If property is leased to anot CHURCH NAME MAILING ADDRESS (NUMBER AND b. If property is leased to an o	her church, provide the name and mailing add	CITY, STATE, ZIP CODE	
sheets if necessary.		ТҮРЕ	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
	except for wo <mark>rsh</mark> ip only) is not eligible for the ( m for the Welfare Exemption. Contact the Ass		claimant (owner) and
since 12:01 a.m., January 1 las 14. Is any equipment or other prop Yes No If YES, list the	the use of the property or any construction of st year? Yes No If YES, describe: perty at this location being leased or rented fro e name and address of the owner and the type sed exclusively for religious worship, please sta	om someone else? e, make, model, and serial number of the pro	operty. If the property
	hould we contact during normal busines	I	
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

