EF-262-AH-R09-0515-55000225-1 BOE-262-AH (P1) REV. 09 (05-15)

## **CHURCH EXEMPTION**



\_ - 20\_

This claim is filed for fiscal year 20\_



Kaenan Whitman **Tuolumne County Assessor - Recorder** 

2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

Email: assessor@tuolumnecounty.ca.gov

| (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)                                                                                                                                                                                                                                                                                              | FOR ASSESSOR'S                                               | USE ONLY         |
| 1                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Received                                                     |                  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Denied                                                       |                  |
|                                                                                                                                                                                                                                                                                                                                                                                            | Reason for denial                                            |                  |
| L                                                                                                                                                                                                                                                                                                                                                                                          |                                                              |                  |
|                                                                                                                                                                                                                                                                                                                                                                                            | est he filed with the Accessor by Echryson, 15               |                  |
|                                                                                                                                                                                                                                                                                                                                                                                            | st be filed with the Assessor by February 15.                |                  |
| ☐ Check here if you no longer seek an exemption at the                                                                                                                                                                                                                                                                                                                                     | is location. Sign and return this form to the A              | ssessor.         |
| NAME OF CHURCH, ORGANIZA <mark>TIO</mark> N, ETC.                                                                                                                                                                                                                                                                                                                                          | 1.5 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 USE                                  | ED BY CLAIMANT   |
| <ol> <li>Owner and operator: (check applicable boxes)</li> <li>Claimant is: ☐ Owner and operator ☐ Owner only ☐ Operator ☐ Owner only ☐ Operator ☐ Owner only ☐ Operator ☐ Buildings and improved.</li> <li>Are all buildings and equipment claimed as exempt used solely for reaction ☐ Yes ☐ No</li> <li>Is the land claimed as exempt required for the convenient use of the</li> </ol> | eligious worship, including any building in the course of co | onstruction?     |
| 4. Is all real property used by the church upon which exemption is clearly parking of automobiles of persons attending or engaged in religious commercial purposes?                                                                                                                                                                                                                        | aimed for parking purposes necessarily and reasonably        |                  |
| ☐ Yes ☐ No                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                  |
| Commercial purposes does not include the parking of vehicles or bic costs of operating and maintaining the property for parking purposes if the congregation of the church, religious congregation, or sect is n                                                                                                                                                                           | Leased property used for parking purposes is eligible for    |                  |
| 5. List all uses of the property:                                                                                                                                                                                                                                                                                                                                                          |                                                              |                  |
| 6. a. Is an elementary school and/or secondary school being operated                                                                                                                                                                                                                                                                                                                       | at this location?                                            |                  |
| Yes No                                                                                                                                                                                                                                                                                                                                                                                     |                                                              |                  |
| b. Is a children's day care center being operated at this location (a and infant care centers)?                                                                                                                                                                                                                                                                                            | :hildren's day care center includes licensed nursery scho    | ols, preschools, |
| ☐ Yes ☐ No                                                                                                                                                                                                                                                                                                                                                                                 |                                                              |                  |
| <b>Note</b> : If the answer is YES to a. or b. above, the property is not eligible f church and used for religious worship, preschool purposes, nursery school                                                                                                                                                                                                                             |                                                              |                  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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.

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| 7. Is the real property listed on this claim OWNER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | m owned by the church?                                                                                      | es No If NO, state the nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e and address of owner:                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|
| MAILING ADDRESS (NUMBER AND STRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ET/P. O. BOX)                                                                                               | CITY, STA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CITY, STATE, ZIP CODE                                                                                       |  |
| 8. 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, 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 does not specifically provide that the church exemption is taken into account in fixing the terms of agreement, the church shall receive a reduction in rental payments, or a refund of such payments, if paid, for each month of occupancy (or use), or portion thereof, during the fiscal year equal to one-twelfth of the property taxes not paid during such fiscal year by reason of the Church Exemption.  9. Are bingo games being operated on this property? If YES, a claim for the Welfare Exemption must be filed with the Assessor by February 15 each year for the property, or portion of the property so used, to be exempt.   Yes   No  10. Is any portion of this property being used for living quarters for any person? If YES, describe that portion:   Yes   No  Note: Living quarters are not eligible for the Church or Religious Exemptions. Certain living quarters may be exempt under the Welfare Exemption. Contact the Assessor.  11. Is any portion of this property vacant and/or unused?   Yes   No   If YES, describe that portion:  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 the claimant since 12:01 a.m., January 1 last year?   Yes   No   No   No   No   No   No   No   N |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | pt for worship only) is not eligib<br>the Welfare Exemption. Conta<br>use of the property or any con<br>ar? | TYPE  Type | FREQUENCY FREQUENCY may be exempt if the claimant (owner) and ompleted on this property                     |  |
| Yes No If YES, list the name listed is not used e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ne and ad <mark>dr</mark> ess of the own <mark>er ar</mark><br>xclusively for religious worship,            | nd the type, <mark>make, model, and</mark> so                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | erial number of the property. If the property he property (attach schedule as necessary).  nal information? |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5444   ADDD500                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |  |
| 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                                                                                                        |  |

