263-C-R02-0611-07000278-1 -263-C (P1) REV. 02 (06-11)		210	County Assess 2530 Arnold Drive, S	
CHURCH LESSORS' EXEMPTION CLA	IM	- Jet	Martinez, CA 94553 FAX: (925) 313-748	-4359
PROPERTY LEASED BY A CHURCH TO A P SCHOOL, COMMUNITY COLLEGE, STATE O STATE UNIVERSITY, INCLUDING THE UNIV CALIFORNIA, USED JOINTLY WITH A CHUR	COLLEGE, OR ERSITY OF	Com new	Telephone: (925) 31 http://www.cccounty	3-7400
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and n	nailing address)	Г		
L				emption, this claim mu essor by February 15.
IDENTIFICATION OF APPLICANT LESSOR'S CHURCH OR ORGANIZATION NAME				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
CORPORATE ID (IF ANY)				
IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE			ASSESSOR'S	FISCAL YEAR OF CLA 20 20 PARCEL NUMBER
ADDRESS OF PROPERTY (NUMBER AND STREET)	operty: (if there an		f the property. es, please attach a list that	20 20 PARCEL NUMBER
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the following pr The exemption claim is made for the following pr	operty: <i>(if there an property a</i>	e numerous properti nd the name and ad	f the property. es, please attach a list that dress of the lessee)	20 20 PARCEL NUMBER
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the ,	operty: <i>(if there an property a</i>	e numerous properti	f the property. es, please attach a list that dress of the lessee)	20 20 PARCEL NUMBER
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the p The exemption claim is made for the following pr PROPERTY TYPE	operty: <i>(if there an property a</i>	e numerous properti nd the name and ad	f the property. es, please attach a list that dress of the lessee)	20 20 PARCEL NUMBER
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  C Check and state the  The exemption claim is made for the following pr PROPERTY TYPE Land Land	operty: <i>(if there an property a</i>	e numerous properti nd the name and ad	f the property. es, please attach a list that dress of the lessee)	20 20 PARCEL NUMBER
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  C Check and state the p The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION	operty: <i>(if there an property a</i>	e numerous properti nd the name and ad	f the property. ies, please attach a list that dress of the lessee) INCI	20 20 PARCEL NUMBER clearly identifies the DENTAL USE
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  C Check and state the  The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property	operty: <i>(if there an property a</i>	e numerous properti nd the name and ad	f the property. es, please attach a list that dress of the lessee)	20 20 PARCEL NUMBER clearly identifies the DENTAL USE
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  C Check and state the p The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION	he church in the for	e numerous properti nd the name and add ARY USE(S) m of rents, fees, or	f the property. es, please attach a list that dress of the lessee) INCI CITY, STATE, ZIP COI charges from the lease do	20 20 PARCEL NUMBER clearly identifies the DENTAL USE
ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY         ✓         Check and state the j         The exemption claim is made for the following pr         PROPERTY TYPE         □         Land         □         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         □       Yes         □       No	he church in the for ining and operating <b>in which the les</b>	e numerous properti nd the name and add ARY USE(S) m of rents, fees, or g the leased proper see declares it u	f the property. Tes, please attach a list that dress of the lessee) INCI	20 20         PARCEL NUMBER         clearly identifies the         DENTAL USE         DE         DE         Des not exceed the ordinal
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  C Check and state the f The exemption claim is made for the following pr PROPERTY TYPE Land PROPERTY TYPE Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by t and usual expenses in mainta An affidavit must be attached	he church in the for ining and operating <b>CER</b>	e numerous properti nd the name and add ARY USE(S) m of rents, fees, or g the leased proper see declares it u	f the property. es, please attach a list that dress of the lessee) INCI	20 20         PARCEL NUMBER         clearly identifies the         DENTAL USE         DE         Des not exceed the ordination of exempt purposes.
ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the f         The exemption claim is made for the following pr         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by t and usual expenses in mainta         An affidavit must be attached         I certify (or declare) under penalty of perjury und	he church in the for ining and operating <b>CER</b>	e numerous properti ad the name and add ARY USE(S) m of rents, fees, or g the leased proper see declares it of <b>TIFICATION</b> fate of California tha	f the property. es, please attach a list that dress of the lessee) INCI	20 20         PARCEL NUMBER         clearly identifies the         DENTAL USE         DE         Des not exceed the ordination hereon, including a
ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the f         The exemption claim is made for the following pr         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by t and usual expenses in mainta         An affidavit must be attached         I certify (or declare) under penalty of perjury und	he church in the for ining and operating <b>CER</b>	e numerous properti ad the name and add ARY USE(S) m of rents, fees, or g the leased proper see declares it of <b>TIFICATION</b> fate of California tha	f the property. es, please attach a list that dress of the lessee) INCI CITY, STATE, ZIP COU charges from the lease do ty. uses the property for t the foregoing and all inform	20 20         PARCEL NUMBER         clearly identifies the         DENTAL USE         DE         Des not exceed the ordination hereon, including a
ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the j         The exemption claim is made for the following pr         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by t and usual expenses in mainta         An affidavit must be attached         I certify (or declare) under penalty of perjury und accompanying statements	he church in the for ining and operating <b>CER</b>	e numerous properti ad the name and add ARY USE(S) m of rents, fees, or g the leased proper see declares it of <b>TIFICATION</b> fate of California tha	f the property. es, please attach a list that dress of the lessee) INCI CITY, STATE, ZIP COI charges from the lease do ty. USES the property for t the foregoing and all inform best of my knowledge and	20 20         PARCEL NUMBER         clearly identifies the         DENTAL USE         DE         Des not exceed the ordina         exempt purposes.         mation hereon, including a
ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the j         The exemption claim is made for the following pr         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by t and usual expenses in mainta         An affidavit must be attached         I certify (or declare) under penalty of perjury und accompanying statements         SIGNATURE OF PERSON MAKING CLAIM	he church in the for ining and operating <b>CER</b>	e numerous properti ad the name and add ARY USE(S) m of rents, fees, or g the leased proper see declares it of <b>TIFICATION</b> fate of California tha	f the property. es, please attach a list that dress of the lessee) INCI CITY, STATE, ZIP COU charges from the lease do ty. uses the property for t the foregoing and all inform best of my knowledge and DATE	PARCEL NUMBER



## INSTRUCTIONS FOR FILING CHURCH LESSORS' EXEMPTION CLAIM

#### **IMPORTANT NOTICE**

This claim may be filed to claim the welfare exemption on property leased by a church to a public school, community college, state college, state university, including the University of California when the church and public school or college both use the property in a joint manner. (See Revenue and Taxation Code section 214.6.)

Although the church has previously been granted the religious exemption, which only requires a one-time filing, annual filing of this claim form is required for a property used in conjunction with a public school to be granted the welfare exemption.

Failure to submit the public school or college lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the lessors' claim form is due will result in a portion of the exemption being denied. A sample affidavit is included as page 3 of this form.

### **IDENTIFICATION OF APPLICANT**

Enter your church, corporate or organization information.

### **IDENTIFICATION OF PROPERTY**

Enter the address of the property for which you are seeking exemption.

### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

### **USES OF PROPERTY**

Check each of the types of property being claimed, and state the primary and incidental uses of the property. Primary use may include both church and school use; incidental uses would include others who use the property for meetings, receptions, etc.

Enter the name and address of the public school or college lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Check the appropriate box to affirm that the total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property. The exemption is not available if the income exceeds the ordinary and usual expenses in maintaining and operating the leased property.

Attach an affidavit in which the public school or college lessee declares it uses the property for exempt purposes.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.



RETURN THIS AFFIDAVIT TO LESSOR

# AFFIDAVIT FOR EXECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES

NAME OF QUALIFYING PUI	BLIC SCHOOL LESSEE			
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qu	ualifying use of the property			
	CHOOL	STATE UNIVERSITY		
	TY COLLEGE	UNIVERSITY OF CALIFORNIA		
	LLEGE			
NAME OF CHURCH				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
DATE LEASE SIGNED			COMMENC	EMENT DATE OF LEASE
	THE ASSESSOF	R MAY REQUEST A COPY OF THE LEASE AGR	EEMENT	
The following property is etc. Attach a separate li		year. If personal property is being lease	d, indicate the t	ype, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)		PROPERTY DESCRIPTION	1	
	espect to lessees that are po t government entity leasing th	litical subdivisions of the state, the pr	operty is locate	ed within the boundaries of the
•	с , с	a student bookstore that generates ur	related busine	ss taxable income as defined in
section	512 of the Internal Revenue	Code.		
		ost recent tax return filed with the Int ned by establishing a ratio of the unrela		
	ncome.	<u>.</u>		
		CERTIFICATION		
		laws of the State of California that the fo cuments, is true and correct to the best o		
SIGNATURE OF PERSON MAKIN			DATE	
NAME OF PERSON MAKING CL.	AIM		TITLE	
	·			
EMAIL ADDRESS			DAYTIME (	E TELEPHONE
	THIS DOCUME	INT IS SUBJECT TO PUBLIC INS		/

