EF-262-AH-R09-0515-16000458-1 BOE-262-AH (P1) REV. 09 (05-15)

## **CHURCH EXEMPTION** PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



## **Kristine Lee Kings County Assessor**

1400 W. Lacey Blvd. Hanford, CA 93230 559-852-2486 Fax: 559-582-2794

| This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 woulenter "2011-2012.") |
|--|
| NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)                              |

| FOR ASSESSOR'S USE ONLY |  |  |  |  |
|-------------------------|--|--|--|--|
| Descined                |  |  |  |  |
| Received                |  |  |  |  |
| Approved                |  |  |  |  |
| Denied                  |  |  |  |  |
| Reason for denial       |  |  |  |  |
|                         |  |  |  |  |
|                         |  |  |  |  |

|   | Received  |
|---|---|
|   | Approved  |
|   | Denied  |
|   | Reason for denial   |
|   |   |
| To receive the full exemption, this claim must be filed w   | ith the Assessor by February 15.                            |
| ☐ Check here if you no longer seek an exemption at this location.   |   |
| NAME OF CHURCH, ORGANIZATION, ETC.  |   |
| 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                    |
| Owner and operator: (check applicable boxes)     Claimant is:   | d/or □ Personal property                                    |
| 2. Are all buildings and equipment claimed as exempt used solely for religious worship  | _ ' ' '   |
| Yes No  | , more any comming in the course of concentration.          |
| 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 parking parking of automobiles of persons attending or engaged in religious worship or recommercial purposes?  |   |
| ☐ Yes ☐ No  |   |
| Commercial purposes does not include the parking of vehicles or bicycles, the reversion costs of operating and maintaining the property for parking purposes. Leased proper if the congregation of the church, religious congregation, or sect is no greater than 5 | ty 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?  |   |
| ☐ Yes ☐ No  |   |
| b. Is a children's day care center being operated at this location (a children's day can and infant care centers)?  | are center includes licensed nursery schools, preschools,   |
| ☐ Yes ☐ No  |   |

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

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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.



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| 7. Is the real property listed on this clair OWNER NAME   | n owned by the church?   | No If NO, state  | the name and address of o   | wner:   |
|---|--|--|---|---|
| MAILING ADDRESS (NUMBER AND STREE   | ET/P. O. BOX)  |  | CITY, STATE, ZIP CODE   |   |
| 8. Is leased property, if any, used by the Yes No If YES, is the con Yes No If YES.  Note: The benefit of a property tax that the church exemption is take payments, or a refund of such paymone-twelfth of the property taxes not 9. Are bingo games being operated on | gregation of the church, religious YES, the property, or portion them is exemption must inure to the center into account in fixing the transition of paid during such fiscal year by re- | eof, so used is not eli<br>church; if the lease<br>erms of agreement,<br>f occupancy (or use)<br>eason of the Church I | gible for exemption. or rental agreement does in the church shall received, or portion thereof, during Exemption. | not specifically provide<br>e a reduction in rental<br>the fiscal year equal to |
| each year for the property, or portion  10. Is any portion of this property being   | of the property so used, to be ex  | empt.  Yes N   | 0   |   |
| Note: Living quarters are not eligib  |  |  |   |   |
| Exemption. Contact the Assessor.  | •  | ·  | iivilig qualters may be exe   | mpt under the Wellare   |
| 11. Is any portion of this property vacar<br>If YES, describe that portion:   | it and/or unused?   Yes   N  | lo   |   |   |
| 12. Has any portion of this property beer since 12:01 a.m., January 1 last yea a. If property is leased to another c  | ar? 🗌 Yes 📗 No   |  | some person or organizatior   | n other than the claimant   |
| CHURCH NAME   |  | g  |   |   |
| MAILING ADDRESS (NUMBER AND STRE  | ET/P. O. BOX)  |  | CITY, STATE, ZIP CODE   |   |
| b. If property is leased to an organissheets if necessary.  | zation other than a church, provi  | de the name, type of   | organization and frequency  | of use; attach additional   |
| NAME  |  |  | TYPE  | FREQUENCY   |
| NAME  |  |  | TYPE  | FREQUENCY   |
| Note: Property used by others (excepthe user/operator both file a claim for   |  |  | ption. It may be exempt if the  | ne claimant (owner) and   |
| 13. Has there been any change in the since 12:01 a.m., January 1 last year  |  |  | and/or completed on this pr   | roperty   |
| listed is not used e  | ne and address of the owner and<br>xclusively for religious worship, p   | the type, make, mod<br>lease state the other t   | el, and serial number of the<br>uses of the property <i>(attach s</i>   |   |
| NAME Whom should  | d we contact during normal b   | ousiness hours for   | additional information?   |   |
| DAYTIME TELEPHONE   | EMAIL ADDRESS  |  |   |   |
| ( )   | CERTIF   | CATION   |   |   |
| I certify (or declare) under penalty of pe<br>accompanying stateme  | erjury under the laws of the State<br>ents or documents, is true, correc   |  |   |   |
| SIGNATURE OF PERSON MAKING CLAIM  |  |  | TITLE   |   |
| NAME OF PERSON MAKING CLAIM   |  |  | DATE  |   |

