EF-262-AH-R09-0515-30001336-1 BOE-262-AH (P1) REV. 09 (05-15)



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

> \_ - 20\_ 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)

## **Claude Parrish Orange County Assessor**

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779 www.ocassessor.gov

FOR ASSESSOR'S USE ONLY				
Descived				
Received				
Approved				
Denied				
Reason for denial				
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	<u>Denied</u>
	Reason for denial
To we ask to the full assessmention, this plains would be file	d with the Access by February 45
To receive the full exemption, this claim must be filed	
Check here if you no longer seek an exemption at this locatio	on. Sign and return this form to the Assessor.
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
1. Owner and operator: (check applicable boxes)  Claimant is:	s? Yes No parking purposes necessarily and reasonably required for the or religious activity, and which is not at other times used for revenue of which does not exceed the ordinary and necessary operty used for parking purposes is eligible for exemption only
<ul> <li>6. a. Is an elementary school and/or secondary school being operated at this location. Yes No</li> <li>b. Is a children's day care center being operated at this location (a children's day and infant care centers)?</li> <li>Yes No</li> <li>Note: If the answer is YES to a. or b. above, the property is not eligible for the Church</li> </ul>	ay care center includes licensed nursery schools, preschools,
shurch and used for religious werehin, preschool nurnesses, nursery school nurnesses	

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



EF-262-AH-R09-0515-30001336-2 BOE-262-AH (P2) REV. 09 (05-15)

	7. Is the real property listed on to OWNER NAME	his claim owned by the church? Yes	No If NO, state th	e name and address of o	wner:
Ves   No	MAILING ADDRESS (NUMBER AN	D STREET/P. O. BOX)	CI	TY, STATE, ZIP CODE	
aeach year for the property, or portion of the property so used, to be exempt.	Yes No If YES, is Yes Note: The benefit of a prop that the church exemption payments, or a refund of suc	the congregation of the church, religious No If YES, the property, or portion there erty tax exemption must inure to the c is taken into account in fixing the tech payments, if paid, for each month of	eof, so used is not eligible hurch; if the lease or erms of agreement, the occupancy (or use), o	olle for exemption. rental agreement does in the church shall receive recrition thereof, during the control of	not specifically provide a reduction in renta
Note: Living quarters are not eligible for the Church or Religious Exemptions. Certain living quarters may be exempt under the Welfar Exemption. Contact the Assessor.  11. Is any portion of this property vacant and/or unused?	each year for the property, or	portion of the property so used, to be ex-	empt.  Yes No		
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 claima since 12:01 a.m., January 1 last year?   Yes   No   No   No   No   No   No   No   N	10. Is any portion of this propert	y being used for living quarters for any p	erson? If YES, describe	e that portion:	] 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 claima 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 (NUMBER AND 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; attach additions 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 (owner) are 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 proper listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessar)  Whom should we contact during normal business hours for additional information?  NAME    Whom should we contact during normal business hours for additional information?  NAME   ITILE			xemptions. Certain livi	ng quarters may be exe	mpt under the Welfare
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Sheets if necessary.  NAME  NAME  NAME  NAME  TYPE  FREQUENC  Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) are 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 propert listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary)  Whom should we contact during normal business hours for additional information?  NAME  DAYTIME TELEPHONE  (	MAILING ADDRESS (NUMBER AN	ID STREET/P. O. BOX)	CI	TY, STATE, ZIP CODE	
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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, including an accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.  SIGNATURE OF PERSON MAKING CLAIM  TITLE	Yes No If YES, list listed is not	the name and address of the owner and used exclusively for religious worship, pla	the type, make, model, ease state the other use	and serial number of the se of the property (attach s	
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NAME OF PERSON MAKING CLAIM DATE			·		
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