EF-262-AH-R07-0512-33000588-1 BOE-262-AH (P1) REV. 07 (05-12)

CHURCH EXEM PROPERTY USED



Larry W. Ward **Assessor-County Clerk-Recorder**

County of Riverside PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

CH EXEMPTION			
ERTY USED SOLELY FOR RELIGIOUS	S WORSH	llP	
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)	
Г	FOR ASSESSOR'S USE ONLY
	Received
	Approved
	DeniedReason for denial
	Neason for definal
To receive the full exemption, this claim must be fil	ad with the Assessor by February 15
• •	ed with the Assessor by February 10.
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:	and/or Personal property orship, including any building in the course of construction? gs? parking purposes necessarily and reasonably required for the or religious activity, and which is not at other times used for erevenue of which does not exceed the ordinary and necessary property used for parking purposes is eligible for exemption only
6. a. Is an elementary school and/or secondary school being operated at this local Yes No b. Is a children's day care center being operated at this location (a children's and infant care centers)?	
Yes No	
Note: If the answer is YES to a. or b. above, the property is not eligible for the Chuchurch and used for religious worship, preschool purposes, nursery school purpose grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and sc Religious Exemption. The Religious Exemption has a "one-time filling" provision	es, kindergarten purposes, school purposes of less than collegiate hools of less than collegiate grade, the claimant may qualify for the

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claimant may wish instead to annually file by February 15 for the Welfare Exemption.

	this claim owned by the church?		
OWNER NAME	e the flame and address of owner.		
MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	CITY, S	TATE, ZIP CODE
Yes No If YES, is	ed by the church for parking purposes? In the congregation of the church, religious of the church, religious of the church, respectively.		
Note: The benefit of a pro that the church exemption payments, or a refund of su	n is taken into account in fixing the ter	nurch; if the lease or rent rms of agreement, the coccupancy (or use), or po	al agreement does not specifically provide hurch shall receive a reduction in rental rtion thereof, during the fiscal year equal to
each year for the property, o	r portion of the property so used, to be exe	mpt.	st be filed with the Assessor by February 15
10. Is any portion of this proper☐ Yes ☐ No	rty being used for living quarters for any pe	rson? If YES, describe tha	t portion:
		emptions. Certain living of	quarters may be exempt under the Welfare
11. Is any portion of this proper			
Yes No If YES, do	•		
12. Has any portion of this proposition of this proposition a.m., January		and/or operated by some p	erson or organization other than the claimant
Yes No If YES, de	escribe:		
If property is leased to anoth CHURCH NAME	ner church, provide the name and mailing a	ddress:	
MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	CITY, S	TATE, ZIP CODE
	rs (except for worship only) is not eligible folialim for the Welfare Exemption. Contact t		t may be exempt if the claimant (owner) and
since 12:01 a.m., January	•	uction commenced and/or	completed on this property
Yes No If YES, de	escribe:		
☐ Yes ☐ No If YES, lis		ne type, make, model, and	serial number of the property. If the property the property (attach schedule as necessary)
MII a a	a chauld us as at at during a source by	ainaaa baawa fay additi	and information 2
NAME	n should we contact during normal bu	siness nours for addition	TITLE
DAYTIME TELEPHONE ()	EMAIL ADDRESS		
	CERTIFIC	ATION	
	alty of perjury under the laws of the State of statements or documents, is true, correct,		ing and all information hereon, including any of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM	1		TITLE
NAME OF PERSON MAKING CLAIM			DATE

