	Joaquín Torres Assessor-Recorder 1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698
U	
Г	FOR ASSESSOR'S USE ONLY
	Received
	Approved
	Denied
I	Reason for denial
_ m must be filed with	the Assessor by February 15.
	n and return this form to the Assessor.
	ASSESSOR'S PARCEL NUMBER
	DATE PROPERTY WAS FIRST USED BY CLAIMANT
e of these buildings? on is claimed for parking p religious worship or religio s or bicycles, the revenue	Personal property luding any building in the course of construction? purposes necessarily and reasonably required for the bus activity, and which is not at other times used for of which does not exceed the ordinary and necessar sed for parking purposes is eligible for exemption onl nembers.
eligible for the Church Exem	center includes licensed nursery schools, preschools nption. If the property is both owned and operated by th garten purposes, school purposes of less than collegiat ses than collegiate grade, the claimant may qualify for the
	m must be filed with a at this location. Sign Departed only improvements and/or by for religious worship, including of these buildings? on is claimed for parking p religious worship or religion s or bicycles, the revenue rposes. Leased property u ect is no greater than 500 r erated at this location? ion (a children's day care of eligible for the Church Exem

EF-262-AH-R10-0519-38000536-2 BOE-262-AH (P2) REV. 10 (05-19)

7. Is the real property listed on this claim owned by the church? Yes No If NO, state the name and address of owner:

	his claim owned by the church?	No If NO, state the name and address	of owner:
OWNER NAME			
MAILING ADDRESS (NUMBER AN	ID STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
Yes No If YES, is	d by the church for parking purposes? the congregation of the church, religious No If YES, the property, or portion there	denomination, or sect greater than 500 memb of, so used is not eligible for exemption.	bers?
specifically provide that the c rental payments, or a refund c	hurch exemption is taken into account in of such payments, if paid, for each month	rch; if the lease or rental agreement for any fixing the terms of agreement, the church sh of occupancy (or use), or portion thereof, duri ason of the Church Exemption. The assessor	hall receive a reduction in ing the fiscal year equal to
	ated on this property? If YES, a claim for portion of the property so used, to be exe	the Welfare Exemption must be filed with the empt. Yes No	Assessor by February 15
10. Is any portion of this propert	y being used for living quarters for any pe	erson? If YES, describe that portion: Yes	□ No
Note: Living quarters are no Exemption. Contact the Asse		xemptions. Certain living quarters may be e	exempt under the Welfare
11. Is any portion of this propert If YES, describe that portion	y vacant and/or unused? 🔲 Yes 🗌 No :)	
12. Has any portion of this prope since 12:01 a.m., January 1		and/or operated by some person or organizat	ion other than the claimant
a. If property is leased to and CHURCH NAME	other church, provide the name and maili	ng address:	
MAILING ADDRESS (NUMBER AN	ID STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
 b. If property is leased to an sheets if necessary. 	organization other than a church, provide	e the name, type of organization and frequenc	y of use; attach additional
NAME		TYPE	FREQUENCY
NAME		ТҮРЕ	FREQUENCY
the user/operator both file a c 13. Has there been any change	laim for the Welfare Exemption. Contact	ruction commenced and/or completed on this	
Yes No If YES, list		nted from someone else? the type, make, model, and serial number of tl ease state the other uses of the property <i>(attac</i>	
Whom	should we contact during normal be	usiness hours for additional information	1?
NAME		TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS	1	
	CERTIFI	CATION	
I certify (or declare) under pena	Ity of perjury under the laws of the State of	of California that the foregoing and all informa	tion 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	IIILE
NAME OF PERSON MAKING CLAIM	DATE

