30E-262-AH (P1) REV. 11 (05-22) CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP	STATION NT	James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721	
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	
		Denied	
		Reason for denial	
To receive the full exemption, this claim if you no longer seek an exemption at this location, check NAME OF CHURCH, ORGANIZATION, ETC.			
VEBSITE 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 CLAIMAN	
2. Are all buildings and equipment claimed as exempt used sol	d improvements and/or ely for religious worship, in		
<ul> <li>B. Is the land claimed as exempt required for the convenient us</li> <li>Yes No</li> <li>Is all real property used by the church upon which exempt parking of automobiles of persons attending or engaged in commercial purposes?</li> <li>Yes No</li> <li>Commercial purposes does not include the parking of vehicl costs of operating and maintaining the property for parking p if the congregation of the church, religious congregation, or so</li> <li>List all uses of the property:</li> </ul>	e religious worship or relig es or bicycles, the revenue urposes. Leased property	ous activity, and which is not at other times used to of which does not exceed the ordinary and necessa used for parking purposes is eligible for exemption of	

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BOE-262-AH (P2) REV. 11 (05-22)					
7. Is the real property listed on this claim owned by the church? 🗌 Yes 🗌 No 🛛 If NO, state the name and address of owner:					
OWNER NAME					
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE				
8. Is leased property, if any, used by the church for parking purposes? ☐ Yes ☐ No If YES, is the congregation of the church, religious der ☐ Yes ☐ No If YES, the property, or portion thereof, s		bers?			
<b>Note:</b> The benefit of a property tax exemption must inure to the church; specifically provide that the church exemption is taken into account in fixi rental payments, or a refund of such payments, if paid, for each month of c one-twelfth of the property taxes not paid during such fiscal year by reason lease or rental agreement.	ng the terms of agreement, the church s ccupancy (or use), or portion thereof, dur	hall receive a reduction in ing the fiscal year equal to			
<ol><li>Are bingo games being operated on this property? If YES, a claim for the each year for the property, or portion of the property so used, to be exempting</li></ol>		Assessor by February 1			
10. Is any portion of this property being used for living quarters for any perso	n? If YES, describe that portion:  Yes	🗌 No			
<b>Note:</b> Living quarters are not eligible for the Church or Religious Exen Exemption. Contact the Assessor.	nptions. Certain living quarters may be e	exempt under the Welfard			
<ol> <li>Is any portion of this property vacant and/or unused? Yes No If YES, describe that portion:</li> </ol>					
12. Has any portion of this property been rented to, leased to, or been used an since 12:01 a.m., January 1 last year? Yes No	d/or operated by some person or organiza	ion other than the claiman			
a If preparty is lessed to another aburch, provide the name and mailing (					
a. If property is leased to another church, provide the name and mailing a	adress:				
	aaress:				
	CITY, STATE, ZIP CODE				
CHURCH NAME	CITY, STATE, ZIP CODE	cy of use; attach additiona			
CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide the	CITY, STATE, ZIP CODE	cy of use; attach additiona			
CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide the sheets if necessary.	CITY, STATE, ZIP CODE e name, type of organization and frequence				
CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide the sheets if necessary. NAME	CITY, STATE, ZIP CODE e name, type of organization and frequend TYPE TYPE on commenced and/or completed on this	FREQUENCY			

## Whom should we contact during normal business hours for additional information?

		TITLE			
EMAIL ADDRESS					
CERTIFICATION					
	Т	ITLE			
NAME OF PERSON MAKING CLAIM		ATE			
	rjury under the laws of the State of C	<b>CERTIFICATION</b> rjury under the laws of the State of California that the foregoing annut nts or documents, is true, correct, and complete to the best of my			

