EF-262-AH-R08-0514-13000675-1 BOE-262-AH (P1) REV. 08 (05-14)

CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



Robert Menvielle Imperial County Assessor

940 W. Main Street Suite 115 El Centro, CA 92243 Main Office: (442) 265-1300

Website: assessor.imperialcounty.org

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)	FOR ASSESSOR'S USE ONLY
	Received
	Denied
	Reason for denial
To receive the full exemption, this claim must be filed with the	ne Assessor by February 15.
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
and claims exemption on all	rposes necessarily and reasonably required for the s activity, and which is not at other times used for which does not exceed the ordinary and necessary and for parking purposes is eligible for exemption only
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 care ce and infant care centers)? Yes No Note: If the answer is YES to a. or b. above, the property is not eligible for the Church Exempti church and used for religious worship, preschool purposes, nursery school purposes, kindergar grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less Religious Exemption. The Religious Exemption has a "one-time filing" provision and should claimant may wish instead to annually file by February 15 for the Welfare Exemption.	on. If the property is both owned and operated by the ten purposes, school purposes of less than collegiate than collegiate grade, the claimant may qualify for the

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. Is the real property listed on this Yes No If NO, state the			
OWNER NAME	Traine and address of owner.		
MAILING ADDRESS (NUMBER AND S	TREET/P. O. BOX)	CITY, STATE	E, ZIP CODE
	congregation of the church, religious denominati	=	
Note: The benefit of a property that the church exemption is payments, or a refund of such p	If YES, the property, or portion thereof, so used tax exemption must inure to the church; if the taken into account in fixing the terms of agrayments, if paid, for each month of occupancy not paid during such fiscal year by reason of the	ne lease or rental a reement, the church (or use), or portion	greement does not specifically provide ch shall receive a reduction in rental thereof, during the fiscal year equal to
each year for the property, or por ☐ Yes ☐ No	on this property? If YES, a claim for the Welfare tion of the property so used, to be exempt.		
10. Is any portion of this property be☐ Yes ☐ No	eing used for living quarters for any person? If YE	ES, describe that po	rtion:
	ligible for the Church or Religious Exemptions. r.	Certain living quar	ters may be exempt under the Welfare
11. Is any portion of this property va			
Yes No If YES, descri	•		
12. Has any portion of this property be since 12:01 a.m., January 1 last	peen rented to, leased to, or been used and/or open s year?	erated by some perso	on or organization other than the claimant
Yes No If YES, describ	pe:		
If property is leased to another cl CHURCH NAME	hurch, provide the name and mailing address:		
MAILING ADDRESS (NUMBER AND S	TREET/P. O. BOX)	CITY, STATI	E, ZIP CODE
Note: Property used by others (e the user/operator both file a claim	xcept for worship only) is not eligible for the Chun n for the Welfare Exemption. Contact the Assesso	rch Exemption. It ma	ay be exempt if the claimant (owner) and
since 12:01 a.m., January 1 last	•	nmenced and/or con	npleted on this property
Yes No If YES, describ	oe:		
Yes No If YES, list the	erty at this location being leased or rented from so name and address of the owner and the type, mo ed exclusively for religious worship, please state t	ake, model, and ser	
Whom sh	ould we contact during normal business he	ours for additiona	Linformation?
NAME			TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS		
()			
	CERTIFICATION		
accompanying stat	of perjury under the laws of the State of California ements or documents, is true, correct, and comp		y knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM			TITLE
NAME OF PERSON MAKING CLAIM			DATE

