EF-262-AH-R08-0514-14000750-1 BOE-262-AH (P1) REV. 08 (05-14)

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



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County of Inyo Dave Stottlemyre, Assessor

Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us

FOR ASSESSOR'S USE ONLY				
Received				
Approved				
<u>Denied</u>				
Reason for denial				

To receive the full exemption, this claim must be filed with the 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			
Owner and operator: (check applicable boxes) Claimant is: □ Owner and operator □ Owner only □ Operator only and claims exemption on all □ Land □ Buildings and improvements and/or □ Are all buildings and equipment claimed as exempt used solely for religious worship, including □ Yes □ No	Personal property any building in the course of construction?			
3. Is the land claimed as exempt required for the convenient use of these buildings?				
☐ Yes ☐ No				
4. Is all real property used by the church upon which exemption is claimed for parking purpos parking of automobiles of persons attending or engaged in religious worship or religious ac commercial purposes?				
☐ Yes ☐ No				
Commercial purposes does not include the parking of vehicles or bicycles, the revenue of whi costs of operating and maintaining the property for parking purposes. Leased property used fo if the congregation of the church, religious congregation, or sect is no greater than 500 members.	r parking purposes is eligible for exemption only			
5. List all uses of the property:				
6. a. Is an elementary school and/or secondary school being operated at this location? Yes \(\subseteq \text{No} \)				
b. Is a children's day care center being operated at this location (a children's day care center and infant care centers)?	includes licensed nursery schools, preschools,			
☐ Yes ☐ No				
Note : If the answer is YES to a. or b. above, the property is not eligible for the Church Exemption. I church and used for religious worship, preschool purposes, nursery school purposes, kindergarten grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less than	purposes, school purposes of less than collegiate			

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



	n this claim owned by the church? te the name and address of owner:		
OWNER NAME	te the name and address of owner.		
MAILING ADDRESS (NUMBER	AND STREET/P. O. BOX)	CITY	, STATE, ZIP CODE
☐ Yes ☐ No If YES,	sed by the church for parking purposes? is the congregation of the church, religious		
Note: The benefit of a protect that the church exemptic payments, or a refund of s	operty tax exemption must inure to the cl	nurch; if the lease or rems of agreement, the occupancy (or use), or p	ental agreement does not specifically provide c church shall receive a reduction in renta portion thereof, during the fiscal year equal to
	erated on this property? If YES, a claim for or portion of the property so used, to be exe		nust be filed with the Assessor by February 15
10. Is any portion of this prope ☐ Yes ☐ No	erty being used for living quarters for any pe	rson? If YES, describe t	hat portion:
_		cemptions. Certain living	g quarters may be exempt under the Welfare
11. Is any portion of this prope			
Yes No If YES,	•		
12. Has any portion of this prop since 12:01 a.m., January		and/or operated by some	e person or organization other than the claiman
Yes No If YES, d	escribe:		
If property is leased to anoto CHURCH NAME	her church, provide the name and mailing a	ddress:	
MAILING ADDRESS (NUMBER	AND STREET/P. O. BOX)	CITY	, STATE, ZIP CODE
	ers (except for worship only) is not eligible f claim for the Welfare Exemption. Contact t		n. It 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, d	escribe:		
Yes No If YES, li		he type, make, model, a	ond serial number of the property. If the property of the property (attach schedule as necessary)
14/			***************************************
NAME	m should we contact during normal bu	isiness nours for add	TITLE
DAYTIME TELEPHONE ()	EMAIL ADDRESS		
\ /	CERTIFIC	CATION	
	nalty of perjury under the laws of the State og g statements or documents, is true, correct,		going and all information hereon, including any st of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLA		· · · · · · · · · · · · · · · · · · ·	TITLE
NAME OF PERSON MAKING CLAIM			DATE

