BOE-262-AH (P1) REV. 11 (05-22) CHURCH EXEMPTION PROPERTY <b>USED SOLELY</b> FOR RELIGIOUS WORSHIP		County of Inyo Dave Stottlemyre, Assessor PO Box J Independence, CA 93526 760 878-0302 Phone inyoassessor@inyocounty.us	
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)	7	FOR ASSESSOR'S USE ONLY	
'	I.		
		Received	
		Approved Denied	
		Reason for denial	
L	L		
To receive the full exemption, this claim r If you no longer seek an exemption at this location, check 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 CLAIMAN	
Claimant is: Owner and operator Owner only and claims exemption on all Land Buildings and 2. Are all buildings and equipment claimed as exempt used sole Yes No 3. Is the land claimed as exempt required for the convenient us Yes No 4. Is all real property used by the church upon which exempti parking of automobiles of persons attending or engaged in commercial purposes? Yes No <i>Commercial purposes</i> does not include the parking of vehicle costs of operating and maintaining the property for parking pur if the congregation of the church, religious congregation, or s 5. List all uses of the property:	d improvements and/or ely for religious worship, inc e of these buildings? on is claimed for parking p religious worship or religio es or bicycles, the revenue urposes. Leased property u	urposes necessarily and reasonably required for t bus activity, and which is not at other times used of which does not exceed the ordinary and necessa sed for parking purposes is eligible for exemption of	

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7. Is the real property listed on this claim owned by the church?	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 d Yes No If YES, the property, or portion thereo		nbers?
<b>Note:</b> The benefit of a property tax exemption must inure to the churc specifically provide that the church exemption is taken into account in f rental payments, or a refund of such payments, if paid, for each month o one-twelfth of the property taxes not paid during such fiscal year by reas lease or rental agreement.	fixing the terms of agreement, the church s f occupancy (or use), or portion thereof, du	shall receive a reduction in ring 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 exer</li></ol>		e Assessor by February 15
10. Is any portion of this property being used for living quarters for any per	son? If YES, describe that portion:	s 🗌 No
<b>Note:</b> Living quarters are not eligible for the Church or Religious Exemption. Contact the Assessor.	emptions. Certain living quarters may be	exempt under the Welfare
11. Is any portion of this property vacant and/or unused?		
12. Has any portion of this property been rented to, leased to, or been used a since 12:01 a.m., January 1 last year? Yes No	and/or operated by some person or organiza	tion other than the claimant
a. If property is leased to another church, provide the name and mailing CHURCH NAME	g address:	
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
<ul> <li>b. If property is leased to an organization other than a church, provide sheets if necessary.</li> </ul>	the name, type of organization and frequen	cy of use; attach additional
NAME	TYPE	FREQUENCY
NAME	ТҮРЕ	FREQUENCY
		s property
13. Has there been any change in the use of the property or any construsince 12:01 a.m., January 1 last year?  Yes No If YES, described as the second	be:	

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

NAME		TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS			
CERTIFICATION				
	rjury under the laws of the State of California that the foregoing ant the foregoing ant of the best of m			
SIGNATURE OF PERSON MAKING CLAIM		TITLE		
NAME OF PERSON MAKING CLAIM		DATE		

