EF-262-AH-R11-0522-14000162-1 BOE-262-AH (P1) REV. 11 (05-22)

CHURCH EXEMPTION





County of Inyo Dave Stottlemyre, Assessor

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

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enter "2011-201	0 ,	II January 201	i would
	AND MAILING ADDRESS necessary corrections to the printe	d name and mailing	address

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	
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	Received
	Approved
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	Reason for denial
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To receive the full exemption, this claim must be filed with the liftyou no longer seek an exemption at this location, check here \square Sign and reference seek an exemption at this location, check here \square Sign and reference seek an exemption at this location, check here \square Sign and reference seek an exemption at this location, check here \square Sign and reference seek an exemption at this location, check here \square Sign and reference seek an exemption at this location, check here \square Sign and reference seek an exemption at this location, check here \square Sign and reference seek an exemption at this location, check here \square Sign and reference seek an exemption at this location, check here \square Sign and reference seek an exemption at this location, check here \square Sign and reference seek an exemption at this location, check here \square Sign and reference seek an exemption at this location, check here \square Sign and reference seek an exemption at this location.	-
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
1. Owner and operator: (check applicable boxes) Claimant is:	king purposes necessarily and reasonably required for the religious activity, and which is not at other times used for enue of which does not exceed the ordinary and necessary erty used 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 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 church and used for religious worship, preschool purposes, nursery school purposes, grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and school Religious Exemption. The Religious Exemption has a "one-time filing" provision and sho may wish instead to annually file by February 15 for the Welfare Exemption.	care center includes licensed nursery schools, preschools, Exemption. If the property is both owned and operated by the kindergarten purposes, school purposes of less than collegiate ls of less than collegiate grade, the claimant may qualify for the

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-262-AH-R11-0522-14000162-2 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 denomination, or sect greater than 500 members? Yes No If YES, the property, or portion thereof, so used is not eligible for exemption. Note: The benefit of a property tax exemption must inure to the church; if the lease or rental agreement for any leased property does not specifically provide that the church exemption is taken into account in fixing the terms of agreement, the church shall receive a reduction in rental payments, or a refund of such payments, if paid, for each month of occupancy (or use), or portion thereof, during the fiscal year equal to one-twelfth of the property taxes not paid during such fiscal year by reason of the Church Exemption. The assessor may request a copy of the lease or rental agreement. 9. Are bingo games being operated on this property? If YES, a claim for the Welfare Exemption must be filed with the Assessor by February 15 each year for the property, or portion of the property so used, to be exempt.

Yes No 10. Is any portion of this property being used for living quarters for any person? If YES, describe that portion: \Box Yes \Box No Note: Living quarters are not eligible for the Church or Religious Exemptions. Certain living quarters may be exempt under the Welfare Exemption. Contact the Assessor. If YES, describe that portion: 12. Has any portion of this property been rented to, leased to, or been used and/or operated by some person or organization other than the claimant since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing address: CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) CITY, STATE, ZIP CODE b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attach additional sheets if necessary. NAME TYPE **FREQUENCY** NAME TYPF FREQUENCY 13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year? Yes No If YES, describe: 14. Is any equipment or other property at this location being leased or rented from someone else? If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the property ☐ Yes ☐ No listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary): Whom should we contact during normal business hours for additional information? NAME TITLE DAYTIME TELEPHONE EMAIL ADDRESS

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information 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 TITLE NAME OF PERSON MAKING CLAIM DATE

