EF-262-AH-R09-0515-17000700-1 BOE-262-AH (P1) REV. 09 (05-15)

CHURCH EXEMPTION



 \neg

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

_ - 20 This claim is filed for fiscal year 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)

Richard Ford County Assessor-Recorder

Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453

Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293

Fax: 707-263-3703

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

	<u>Received</u>
	Approved
	Denied
	Reason for denial
To receive the full exemption, this claim must be filed	with the Assessor by February 15.
$\hfill \Box$ Check here if you no longer seek an exemption at this location	. Sign and return this form to the Assessor.
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/or Personal property
2. Are all buildings and equipment claimed as exempt used solely for religious worsh	
Yes No	ip, including any banding in the course of concuracion.
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 par parking of automobiles of persons attending or engaged in religious worship or commercial purposes?	
☐ Yes ☐ No	
Commercial purposes does not include the parking of vehicles or bicycles, the recosts of operating and maintaining the property for parking purposes. Leased propif the congregation of the church, religious congregation, or sect is no greater than	perty used for 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	n?
☐ Yes ☐ No	
 b. Is a children's day care center being operated at this location (a children's day and infant care centers)? 	care center 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	

church and used for religious worship, preschool purposes, nursery school purposes, kindergarten purposes, school purposes of less than collegiate grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less than collegiate grade, the claimant may qualify for the 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



EF-262-AH-R09-0515-17000700-2 BOE-262-AH (P2) REV. 09 (05-15)

	7. Is the real property listed on to OWNER NAME	his claim owned by the church? Yes	No If NO, state th	e name and address of o	wner:
Ves No	MAILING ADDRESS (NUMBER AN	D STREET/P. O. BOX)	CI	TY, STATE, ZIP CODE	
aeach year for the property, or portion of the property so used, to be exempt.	Yes No If YES, is Yes Note: The benefit of a prop that the church exemption payments, or a refund of suc	the congregation of the church, religious No If YES, the property, or portion there erty tax exemption must inure to the c is taken into account in fixing the tech payments, if paid, for each month of	eof, so used is not eligible hurch; if the lease or erms of agreement, the occupancy (or use), o	olle for exemption. rental agreement does in the church shall receive recrition thereof, during the control of	not specifically provide a reduction in renta
Note: Living quarters are not eligible for the Church or Religious Exemptions. Certain living quarters may be exempt under the Welfar Exemption. Contact the Assessor. 11. Is any portion of this property vacant and/or unused?	each year for the property, or	portion of the property so used, to be ex-	empt. Yes No		
Exemption. Contact the Assessor. 11. Is any portion of this property vacant and/or unused? Yes No 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 claima since 12:01 a.m., January 1 last year? Yes No No No No No No No N	10. Is any portion of this propert	y being used for living quarters for any p	erson? If YES, describe	e that portion:] No
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 claima 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) D. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attach additions sheets if necessary. NAME NAME NOTE: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) are the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 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? Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the proper listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessar) Whom should we contact during normal business hours for additional information? NAME Whom should we contact during normal business hours for additional information? NAME ITILE			xemptions. Certain livi	ng quarters may be exe	mpt under the Welfare
since 12:01 a.m., January 1 last year? Yes No a. If property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) arithe user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 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: Whom should we contact during normal business hours for additional information? Whom should we contact during normal business hours for additional information			0		
CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attach addition sheets if necessary. NAME TYPE FREQUENC NAME TYPE FREQUENC Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) are the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 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? Yes	since 12:01 a.m., January 1	last year? Yes No		me person or organization	other than the claimant
b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attach addition sheets if necessary. NAME TYPE FREQUENC NAME Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) are the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 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? Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the proper 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 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 an accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM	,	other charch, provide the hame and man	ing address.		
Sheets if necessary. NAME NAME NAME NAME TYPE FREQUENC Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) are the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 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? Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the propert 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 DAYTIME TELEPHONE (MAILING ADDRESS (NUMBER AN	ID STREET/P. O. BOX)	CI	TY, STATE, ZIP CODE	
Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) are the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 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? Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the proper 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 DAYTIME TELEPHONE ()		organization other than a church, provid	e the name, type of org	ganization and frequency	of use; attach additiona
Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) are the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 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? Yes No	NAME		T	YPE	FREQUENCY
the user/operator both file a claim for the Welfare Exemption. Contact the Assessor. 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? Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the property 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	NAME		Т	YPE	FREQUENCY
SIGNATURE OF PERSON MAKING CLAIM 14. Is any equipment or other property at this location being leased or rented from someone else? Yes				on. It may be exempt if th	e claimant (owner) and
Whom should we contact during normal business hours for additional information? Whom should we contact during normal business hours for additional information? NAME DAYTIME TELEPHONE () 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 ar accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM I true, correct, and complete to the best of my knowledge and belief.	13. Has there been any change since 12:01 a.m., January 1	in the use of the property or any constitution and the last year? The Yes No If YES, described in the use of the property or any constitution and the last year?	ruction commenced and cribe:	d/or completed on this pr	operty
DAYTIME TELEPHONE () 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 an accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE	Yes No If YES, list listed is not	the name and address of the owner and used exclusively for religious worship, pla	the type, make, model, ease state the other use	and serial number of the se of the property (attach s	
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 ar accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE		snould we contact during normal b	usiness nours for ac		
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 ar accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE	DAYTIME TELEDHONE	EMAII ADDRESS			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including are accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE	()	EIVIAIL ADDRESS			
accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM TITLE		CERTIFI	CATION		
NAME OF PERSON MAKING CLAIM DATE			·		
	NAME OF PERSON MAKING CLAIM			DATE	

