PROPERTY <b>USED SOLELY</b> FOR RELIGIOUS WORSHIP	C O U	Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654 www.maderacounty.com/government/assessor
This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 w enter "2011-2012.")	vould	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		
F	Г	FOR ASSESSOR'S USE ONLY
		Approved
		Denied
		Reason for denial
L		
To receive the full exemption, this claim	m 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
1. Owner and operator: <i>(check applicable boxes)</i>		
Claimant is: Owner and operator Owner only		
and claims exemption on all Land Buildings and i 2. Are all buildings and equipment claimed as exempt used solel		
Yes No	y for rengious worship, inc	
<ol> <li>Is the land claimed as exempt required for the convenient use</li> </ol>	of these buildings?	
Yes No	of these buildings:	
<ol> <li>Is all real property used by the church upon which exemption parking of automobiles of persons attending or engaged in r commercial purposes?</li> </ol>		
Yes No		
Commercial purposes does not include the parking of vehicles costs of operating and maintaining the property for parking pur if the congregation of the church, religious congregation, or se	poses. Leased property u	used for parking purposes is eligible for exemption on
5. List all uses of the property:		
6. a. Is an elementary school and/or secondary school being ope	erated at this location?	
<ul> <li>b. Is a children's day care center being operated at this location and infant care centers)?</li> </ul>	on (a children's day care	center includes licensed nursery schools, preschools

**Note:** If the answer is YES to a. or b. above, the property is not eligible for the Church Exemption. If the property is both owned and operated by the 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



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	e the name and address of owner:			
MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)		CITY, STATE, ZIP CODE	
Yes No If YES, is Yes Yes Note: The benefit of a prothat the church exemption payments, or a refund of su	n is taken into account in fixing the uch payments, if paid, for each month	ereof, so used is not eli church; if the lease terms of agreement, of occupancy (or use)	gible for exemption. or rental agreement does not specifically prov , the church shall receive a reduction in re , or portion thereof, during the fiscal year equa	ntal
<ul> <li>9. Are bingo games being ope each year for the property, o Yes No</li> <li>10. Is any portion of this prope Yes No</li> <li>Note: Living quarters are r Exemption. Contact the Ass</li> </ul>	r portion of the property so used, to be e rty being used for living quarters for any not eligible for the Church or Religious essor.	for the Welfare Exempt exempt. 9 person? If YES, descr	tion must be filed with the Assessor by February	
11. Is any portion of this proper	rty vacant and/or unused? escribe that portion:			
since 12:01 a.m., January	1 last year?		some person or organization other than the claim	iant
MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)		CITY, STATE, ZIP CODE	
the user/operator both file a 13. Has there been any chang since 12:01 a.m., January ☐ Yes ☐ No If YES, de	claim for the Welfare Exemption. Contac ge in the use of the property or any con 1 last year? escribe:	ct the Assessor. Istruction commenced		and
Yes No If YES, lis listed is no		nd the type, make, mod please state the other ι	el, and serial number of the property. If the prop uses of the property <i>(attach schedule as necessa</i>	· · ·
NAME	in should we contact during horman		TITLE	
DAYTIME TELEPHONE	EMAIL ADDRESS			
	CERTII	FICATION		
l certify (or declare) under pen	alty of periury under the laws of the Stat	e of California that the	foregoing and all information hereon, including	anv

accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

TITLE

DATE

NAME OF PERSON MAKING CLAIM

