263-C-R02-0611-21000773-1 -263-C (P1) REV. 02 (06-11)	COUNT	Assessor-Recorder-County Clerk
CHURCH LESSORS' EXEMPTION CLA	IM Sector	EXEMPTIONS DIVISION P.O. Box C
PROPERTY LEASED BY A CHURCH TO A PA SCHOOL, COMMUNITY COLLEGE, STATE C STATE UNIVERSITY, INCLUDING THE UNIV CALIFORNIA, USED JOINTLY WITH A CHUR	COLLEGE, OR ERSITY OF	Civic Center Branch San Rafael, CA 94913 (415) 473-3794 www.marincounty.gov
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and n	mailing address)	
L	L	To receive the full exemption, this claim must be filed with the Assessor by February 15.
IDENTIFICATION OF APPLICANT LESSOR'S CHURCH OR ORGANIZATION NAME		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
CORPORATE ID (IF ANY)		
IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLA 20 20
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY Check and state the		ASSESSOR'S PARCEL NUMBER
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY Check and state the	roperty: (if there are numerous pi	ASSESSOR'S PARCEL NUMBER Uses of the property. roperties, please attach a list that clearly identifies the
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY Check and state the The exemption claim is made for the following pr	roperty: (if there are numerous pr property and the name a	20 20 ASSESSOR'S PARCEL NUMBER uses of the property. roperties, please attach a list that clearly identifies the and address of the lessee)
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ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY ✓ Check and state the property Check and state the property PROPERTY TYPE □ Land □ Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS □ Yes No	roperty: <i>(if there are numerous pr property and the name a</i> PRIMARY USE(S)	20 20 ASSESSOR'S PARCEL NUMBER uses of the property. roperties, please attach a list that clearly identifies the and address of the lessee) INCIDENTAL USE CITY, STATE, ZIP CODE tess, or charges from the lease does not exceed the ordinal
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY C Check and state the The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by th and usual expenses in mainta	roperty: (if there are numerous pr property and the name a PRIMARY USE(S) he church in the form of rents, fe ining and operating the leased p in which the lessee declare	20 20 ASSESSOR'S PARCEL NUMBER uses of the property. roperties, please attach a list that clearly identifies the and address of the lessee) INCIDENTAL USE CITY, STATE, ZIP CODE tess, or charges from the lease does not exceed the ordina property. tess it uses the property for exempt purposes.
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY ✓ Check and state the / The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by the and usual expenses in mainta An affidavit must be attached I certify (or declare) under penalty of perjury penalty penalt	he church in the form of rents, fe in which the lessee declare CERTIFICATION	20 20 ASSESSOR'S PARCEL NUMBER uses of the property. roperties, please attach a list that clearly identifies the and address of the lessee) INCIDENTAL USE CITY, STATE, ZIP CODE ress, or charges from the lease does not exceed the ordina property. ress it uses the property for exempt purposes. nia that the foregoing and all information hereon, including and all information hereon.
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY ✓ Check and state the / The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by the and usual expenses in mainta An affidavit must be attached I certify (or declare) under penalty of perjury penalty penalt	he church in the form of rents, fe in which the lessee declare CERTIFICATION	20 20 ASSESSOR'S PARCEL NUMBER uses of the property. roperties, please attach a list that clearly identifies the and address of the lessee) INCIDENTAL USE CITY, STATE, ZIP CODE tess, or charges from the lease does not exceed the ordina property. tess it uses the property for exempt purposes.
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY ✓ Check and state the / The exemption claim is made for the following pr PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by the and usual expenses in mainta An affidavit must be attached I certify (or declare) under penalty of perjury under accompanying statements	he church in the form of rents, fe in which the lessee declare CERTIFICATION	20 20 ASSESSOR'S PARCEL NUMBER uses of the property. roperties, please attach a list that clearly identifies the and address of the lessee) INCIDENTAL USE INCIDENTAL USE CITY, STATE, ZIP CODE tess, or charges from the lease does not exceed the ordinal property. tess it uses the property for exempt purposes. Ina that the foregoing and all information hereon, including all to the best of my knowledge and belief.
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY	he church in the form of rents, fe in which the lessee declare CERTIFICATION	20 20 ASSESSOR'S PARCEL NUMBER uses of the property. roperties, please attach a list that clearly identifies the and address of the lessee) INCIDENTAL USE CITY, STATE, ZIP CODE tess, or charges from the lease does not exceed the ordina property. es it uses the property for exempt purposes. in a that the foregoing and all information hereon, including all to the best of my knowledge and belief. DATE



INSTRUCTIONS FOR FILING CHURCH LESSORS' EXEMPTION CLAIM

IMPORTANT NOTICE

This claim may be filed to claim the welfare exemption on property leased by a church to a public school, community college, state college, state university, including the University of California when the church and public school or college both use the property in a joint manner. (See Revenue and Taxation Code section 214.6.)

Although the church has previously been granted the religious exemption, which only requires a one-time filing, annual filing of this claim form is required for a property used in conjunction with a public school to be granted the welfare exemption.

Failure to submit the public school or college lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the lessors' claim form is due will result in a portion of the exemption being denied. A sample affidavit is included as page 3 of this form.

IDENTIFICATION OF APPLICANT

Enter your church, corporate or organization information.

IDENTIFICATION OF PROPERTY

Enter the address of the property for which you are seeking exemption.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

USES OF PROPERTY

Check each of the types of property being claimed, and state the primary and incidental uses of the property. Primary use may include both church and school use; incidental uses would include others who use the property for meetings, receptions, etc.

Enter the name and address of the public school or college lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Check the appropriate box to affirm that the total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property. The exemption is not available if the income exceeds the ordinary and usual expenses in maintaining and operating the leased property.

Attach an affidavit in which the public school or college lessee declares it uses the property for exempt purposes.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.



RETURN THIS AFFIDAVIT TO LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES

NAME OF QUALIFYING	PUBLIC SCHOOL LESSEE				
MAILING ADDRESS					
CITY, STATE, ZIP CODE	<u>.</u>				
Check the type of	of qualifying use of the property				
	SCHOOL	STATE UNIVERSITY			
	UNITY COLLEGE	UNIVERSITY OF CALIFO	RNIA		
STATE	COLLEGE				
MAILING ADDRESS					
CITY, STATE, ZIP CODE	2				
DATE LEASE SIGNED			СС	MMENCE	EMENT DATE OF LEASE
	THE ASSESS	SOR MAY REQUEST A COPY OF THE LE	ASE AGREEMENT		
The following proper etc. Attach a separa	rty is leased as of January 1 of t te listing if necessary.	this year. If personal property is bei	ng leased, indica	te the ty	pe, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)		CRIPTION			
	h respect to lessees that are empt government entity leasing	political subdivisions of the state g the same.	e, the property is	s locate	d within the boundaries of the
		, is a student bookstore that gene	rates unrelated	busines	s taxable income as defined in
	tion 512 of the Internal Reven es, a copy of the institution's	ue Code. most recent tax return filed with	n the Internal Re	evenue	Service must accompany this
affic		mined by establishing a ratio of the			
		CERTIFICATION			
I certify (or declare)		he laws of the State of California th documents, is true and correct to th			
	AKING CLAIM			DATE	
NAME OF PERSON MAKING	G CLAIM			TITLE	
EMAIL ADDRESS				DAYTIME	TELEPHONE)
	THIS DOCUI	MENT IS SUBJECT TO PUBI		ON	

