EF-262-AH-R07-0512-22000344-1 BOE-262-AH (P1) REV. 07 (05-12)

CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



Becky Crafts County of Mariposa Assessor/Recorder

P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332

This claim is filed for fiscal year 20	20		
(Example: a person filing a timely claim in enter "2011-2012.")	January	2011	would
enter 2011-2012.)			

Ci	nter "2011-2012.")	
	AME AND MAILING ADDRESS Make necessary corrections to the printed name and mailing address)	
Ī	- · · · · · · · · · · · · · · · · · · ·	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied Reason for denial
		Reason for defilal
L		
	To receive the full exemption, this claim must be filed with the	e Assessor by February 15.
NAME OF C	HURCH, ORGANIZATION, ETC.	
WEDOUTE A	22222 (5.432)	
WEBSITE AL	DDRESS (IF ANY)	
MAILING AD	DRESS (NUMBER AND STREET/P. O. BOX)	
CITY, STATE	E, ZIP CODE	
ADDRESS C	DF PROPERTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER
CITY, COUN	TY, ZIP CODE	DATE PROPERTY WAS FIRST USED BY CLAIMANT
Claiman and clai 2. Are all b Yes 3. Is the la Yes 4. Is all reparking commer Yes Commer costs of if the co	ms exemption on all	poses necessarily and reasonably required for the activity, and which is not at other times used for which does not exceed the ordinary and necessary d for parking purposes is eligible for exemption only
☐ Yesb. Is a c and in☐ YesNote: If the church an grade (grange)Religious	hildren's day care center being operated at this location (a children's day care cenfant care centers)?	on. If the property is both owned and operated by the en purposes, school purposes of less than collegiate than collegiate grade, the claimant may qualify for the

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. Is the real property listed on this					
Yes No If NO, state the OWNER NAME	e name and address of owner.				
MAILING ADDRESS (NUMBER AND S	STREET/P. O. BOX)	CITY, STAT	TE, ZIP CODE		
8. Is leased property, if any, used b	by the church for parking purposes?				
Yes No If YES, is the	congregation of the church, religious denominat	ion, or sect greater	than 500 members?		
	o If YES, the property, or portion thereof, so used	•	•		
that the church exemption is payments, or a refund of such	y tax exemption must inure to the church; if the taken into account in fixing the terms of ag payments, if paid, for each month of occupancy on the paid during such fiscal year by reason of the	reement, the chu r (or use), or portio	rch shall receive a reduction in rental on thereof, during the fiscal year equal to		
	d on this property? If YES, a claim for the Welfar rtion of the property so used, to be exempt.	e Exemption must I	be filed with the Assessor by February 15		
10. Is any portion of this property b	eing used for living quarters for any person? If Y	ES, describe that po	ortion:		
Note: Living quarters are not exemption. Contact the Assessor	eligible for the Church or Religious Exemptions. or.	. Certain living qua	arters may be exempt under the Welfare		
11. Is any portion of this property v	acant and/or unused?				
☐ Yes ☐ No If YES, descr	ibe that portion:				
12. Has any portion of this property since 12:01 a.m., January 1 las	been rented to, leased to, or been used and/or opents year?	erated by some pers	son or organization other than the claimant		
☐ Yes ☐ No If YES, descri	be:				
If property is leased to another of CHURCH NAME	church, provide the name and mailing address:				
MAILING ADDRESS (NUMBER AND S	STREET/P. O. BOX)	CITY, STAT	TE, ZIP CODE		
	except for worship only) is not eligible for the Chu n for the Welfare Exemption. Contact the Assess		nay be exempt if the claimant (owner) and		
13. Has there been any change in since 12:01 a.m., January 1 las	the use of the property or any construction const year?	nmenced and/or co	mpleted on this property		
Yes No If YES, descri	be:				
14. Is any equipment or other prop	erty at this location being leased or rented from s	someone else?			
Yes No If YES, list the	e name and address of the owner and the type, m sed exclusively for religious worship, please state t	ake, model, and se			
	nould we contact during normal business h	ours for addition			
NAME			TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS				
()					
CERTIFICATION					
accompanying sta	of perjury under the laws of the State of California tements or documents, is true, correct, and comp		my knowledge and belief.		
SIGNATURE OF PERSON MAKING CLAIM			TITLE		
NAME OF PERSON MAKING CLAIM			DATE		

