| EF-262-AH-R09-0515-23000629-1<br>BOE-262-AH (P1) REV. 09 (05-15)<br>CHURCH EXEMPTION<br>PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                    | SUSAN M. RANOCHAK<br>MENDOCINO COUNTY ASSESSOR<br>501 Low Gap Road, Room 1020<br>Ukiah, CA 95482<br>Telephone: (707) 463-4315<br>Fax: (707) 463-6597                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This claim is filed for fiscal year 20 20<br>(Example: a person filing a timely claim in January 2011 would<br>enter "2011-2012.")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I.                                                                                                                                                                 |                                                                                                                                                                                                                     |
| NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and mailing address)<br>Г                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                    | FOR ASSESSOR'S USE ONLY                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                    | Received                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                    | Approved                                                                                                                                                                                                            |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                    | Reason for denial                                                                                                                                                                                                   |
| L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                    |                                                                                                                                                                                                                     |
| To receive the full exemption, this claim m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                    |                                                                                                                                                                                                                     |
| Check here if you no longer seek an exemption at t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | this location. Sign an                                                                                                                                             | d 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                                                                                                                                                                            |
| Claimant is: Owner and operator Owner only O<br>and claims exemption on all Land Buildings and impre<br>2. Are all buildings and equipment claimed as exempt used solely for<br>Yes No<br>3. Is the land claimed as exempt required for the convenient use of th<br>4. Is all real property used by the church upon which exemption is<br>parking of automobiles of persons attending or engaged in religi-<br>commercial purposes?<br>Yes No<br><i>Commercial purposes</i> does not include the parking of vehicles or the<br>costs of operating and maintaining the property for parking purposes<br>if the congregation of the church, religious congregation, or sect is<br>5. List all uses of the property: | ovements and/or [<br>religious worship, including<br>nese buildings?  Yes [<br>claimed for parking purposous worship or religious a<br>bicycles, the revenue of wh | No<br>ses necessarily and reasonably required for the<br>ctivity, and which is not at other times used for<br>nich does not exceed the ordinary and necessary<br>or parking purposes is eligible for exemption only |
| <ul> <li>6. a. Is an elementary school and/or secondary school being operate</li> <li>Yes No</li> <li>b. Is a children's day care center being operated at this location (a and infant care centers)?</li> <li>Yes No</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | a children's day care cente                                                                                                                                        |                                                                                                                                                                                                                     |
| <b>Note:</b> If the answer is YES to a. or b. above, the property is not eligible<br>church and used for religious worship, preschool purposes, nursery scl<br>grade (grades 1 - 12), or for the purposes of both schools of collegiate g<br>Religious Exemption. The Religious Exemption has a "one-time filing<br>claimant may wish instead to annually file by February 15 for the Welfare                                                                                                                                                                                                                                                                                                                     | hool purposes, kindergarten<br>prade and schools of less tha<br>p" provision and should be                                                                         | purposes, school purposes of less than collegiate<br>an collegiate grade, the claimant may qualify for the                                                                                                          |
| THIS DOCUMENT IS SUB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | JECT TO PUBLIC INS                                                                                                                                                 | PECTION                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                    |                                                                                                                                                                                                                     |

7. Is the real property listed on this claim owned by the church? Yes No If NO, state the name and address of owner:

| MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) | CITY, STATE, ZIP CODE |
|-----------------------------------------------|-----------------------|
|                                               | OTT, STATE, ZI 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 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.

- 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: 🗌 Yes 🗌 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.

- 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 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 |
|--------|------|

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 | ТҮРЕ | FREQUENCY |

**Note:** Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) and 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?

TITI F

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  |
| NAME OF PERSON MAKING CLAIM      | DATE  |
|                                  |       |

