263-C-R02-0611-23000583-1 -263-C (P1) REV. 02 (06-11)		MENDOCINO COUNTY ASSESSOR 501 Low Gap Road, Room 1020
CHURCH LESSORS' EXEMPTION CLA	IM State	Ukiah, CA 95482 Telephone: (707) 463-4315
PROPERTY LEASED BY A CHURCH TO A P SCHOOL, COMMUNITY COLLEGE, STATE O STATE UNIVERSITY, INCLUDING THE UNIV CALIFORNIA, USED JOINTLY WITH A CHUR	COLLEGE, OR (ERSITY OF	Fax: (707) 463-6597
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and r Г	mailing address)	
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)		
		ASSESSOR'S PARCEL NUMBER
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the		ASSESSOR'S PARCEL NUMBER es of the property. perties, 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	roperty: (if there are numerous pro	ASSESSOR'S PARCEL NUMBER es of the property. perties, 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 following pr The exemption claim is made for the following pr	roperty: (if there are numerous pro property and the name an	assessor's parcel number es of the property. perties, please attach a list that clearly identifies the d address of the lessee)
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the following pr PROPERTY TYPE	roperty: (if there are numerous pro property and the name an	es of the property. perties, please attach a list that clearly identifies the d address of the lessee)
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	roperty: (if there are numerous pro property and the name an PRIMARY USE(S)	assessor's parcel number es of the property. perties, please attach a list that clearly identifies the d 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 ,         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 t and usual expenses in maintage	roperty: (if there are numerous pro property and the name an PRIMARY USE(S)	20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         d address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         s, or charges from the lease does not exceed the ordina
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 PROPERTY TYPE Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by t and usual expenses in mainta An affidavit must be attached I certify (or declare) under penalty of perjury und	the church in the form of rents, fee ining and operating the leased pr <b>CERTIFICATION</b> for the laws of the State of California	20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         d address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         s, or charges from the lease does not exceed the ordina operty.         s it uses the property for exempt purposes.         a that the foregoing and all information hereon, including and
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 PROPERTY TYPE Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by t and usual expenses in mainta An affidavit must be attached I certify (or declare) under penalty of perjury und	the church in the form of rents, fee ining and operating the leased pr <b>CERTIFICATION</b> for the laws of the State of California	20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         d address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         s, or charges from the lease does not exceed the ordinatoperty.         s it uses the property for exempt purposes.
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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 t and usual expenses in mainta         An affidavit must be attached         I certify (or declare) under penalty of perjury und accompanying statements         SIGNATURE OF PERSON MAKING CLAIM	the church in the form of rents, fee ining and operating the leased pr <b>CERTIFICATION</b> for the laws of the State of California	20 20         ASSESSOR'S PARCEL NUMBER         es of the property.         perties, please attach a list that clearly identifies the         d address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         s, or charges from the lease does not exceed the ordina operty.         s it uses the property for exempt purposes.         a that the foregoing and all information hereon, including all of 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	g pue	BLIC SCHOOL LESSEE				
MAILING ADDRESS						
CITY, STATE, ZIP COD	E					
Check the type	of qı	alifying use of the property				
	c sc	HOOL	STATE UNIVERSITY			
	IUNI	TY COLLEGE	UNIVERSITY OF CALIFORNIA	١		
STATE	COL	LEGE				
NAME OF CHURCH						
MAILING ADDRESS						
CITY, STATE, ZIP CODI	E					
DATE LEASE SIGNED				COMM	MENCE	EMENT DATE OF LEASE
		THE ASSESSOR	MAY REQUEST A COPY OF THE LEASE A	AGREEMENT		
The following properetc. Attach a separate			year. If personal property is being lea	ased, indicate	the ty	pe, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)			PROPERTY DESCRIPT	ΓΙΟΝ		
		espect to lessees that are poli t government entity leasing the	tical subdivisions of the state, the	e property is lo	ocate	d within the boundaries of the
			a student bookstore that generates	s unrelated but	sines	s taxable income as defined in
		512 of the Internal Revenue C a copy of the institution's mo	Code. st recent tax return filed with the	Internal Reve	enue	Service must accompany this
affi	idavi		ed by establishing a ratio of the unre			
			CERTIFICATION			
I certify (or declare)			aws of the State of California that the iments, is true and correct to the bes			
SIGNATURE OF PERSON	MAKIN	NG CLAIM		DA	ATE	
NAME OF PERSON MAKIN	NG CLA	AIM		ווד	TLE	
EMAIL ADDRESS				DA	AYTIME	TELEPHONE
				(		)
		THIS DOCUME	NT IS SUBJECT TO PUBLIC I		N	)

