EF-262-AH-R07-0512-26000605-1 BOE-262-AH (P1) REV. 07 (05-12)

## **CHURCH EXEMPTION**



## PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

This claim is filed for fiscal year 20\_\_\_\_ \_ - 20\_ (Example: a person filing a timely claim in January 2011 would enter "2011-2012.") NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)

**Mono County Office of the Assessor** Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510

Fax: 760-932-5511

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

T T	FOR ASSESSOR'S USE ONLY
	Received
	Approved
	Denied
	Reason for denial
To receive the full exemption, this claim must be filed with	h 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 DRODERTY WAS EIRST LISED BY OLAMANIT
GITT, COUNTT, ZIP CODE	DATE PROPERTY WAS FIRST USED BY CLAIMANT
Claimant is:	purposes necessarily and reasonably required for the gious activity, and which is not at other times used for e of which does not exceed the ordinary and necessary used for parking purposes is eligible for exemption only
6. a. Is an elementary school and/or secondary school being operated at this location?	
☐ Yes ☐ No	
b. Is a children's day care center being operated at this location (a children's day care and infant care centers)?	e center includes licensed nursery schools, preschools,
☐ Yes ☐ No	
<b>Note</b> : If the answer is YES to a. or b. above, the property is not eligible for the Church Exercharch and used for religious worship, preschool purposes, nursery school purposes, kinde grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of	rgarten purposes, school purposes of less than collegiate

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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.

	n this claim owned by the church?			
OWNER NAME	te the name and address of owner:			
MAILING ADDRESS (NUMBER	AND STREET/P. O. BOX)		CITY, STATE, ZIP CODE	
☐ Yes ☐ No If YES,	sed by the church for parking purposes? is the congregation of the church, religious der		-	
	No If YES, the property, or portion thereof,		•	
that the church exemption payments, or a refund of s	on is taken into account in fixing the terms	s of agreement, cupancy (or use)	or rental agreement does not specifically provide, the church shall receive a reduction in rental, or portion thereof, during the fiscal year equal to Exemption.	
	erated on this property? If YES, a claim for the or portion of the property so used, to be exemp		ion must be filed with the Assessor by February 15	
10. Is any portion of this prope ☐ Yes ☐ No	erty being used for living quarters for any perso	on? If YES, descr	ibe that portion:	
<b>Note:</b> Living quarters are Exemption. Contact the As		nptions. Certain	living quarters may be exempt under the Welfare	
11. Is any portion of this proper Yes No If YES,				
12. Has any portion of this propriet since 12:01 a.m., January		d/or operated by	some person or organization other than the claimant	
Yes No If YES, o	lescribe:			
If property is leased to ano CHURCH NAME	ther church, provide the name and mailing add	ress:		
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)			CITY, STATE, ZIP CODE	
	ers (except for worship only) is not eligible for the claim for the Welfare Exemption. Contact the		nption. It may be exempt if the claimant (owner) and	
13. Has there been any chan since 12:01 a.m., January  ☐ Yes ☐ No If YES, or		ion commenced	and/or completed on this property	
Yes No If YES, li		type, make, mod	else? el, and serial number of the property. If the property uses of the property (attach schedule as necessary)	
	m should we contact during normal busi	ness hours for		
NAME			TITLE	
DAYTIME TELEPHONE  ( )	EMAIL ADDRESS			
	CERTIFICA	TION		
	nalty of perjury under the laws of the State of C g statements or documents, is true, correct, ar		foregoing and all information hereon, including any e best of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM			TITLE	
NAME OF PERSON MAKING CLAIM		DATE		

