EF-262-AH-R09-0515-26000831-1 BOE-262-AH (P1) REV. 09 (05-15)

enter "2011-2012.")

## **CHURCH EXEMPTION**



PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

\_ - 20\_ This claim is filed for fiscal year 20\_\_\_\_ (Example: a person filing a timely claim in January 2011 would

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Barry Beck, Assessor

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

**Mono County Office of the Assessor** 

NAME AND MAILING ADDRESS	
(Make necessary corrections to the printed name and mailing address)	FOR ASSESSOR'S USE ONLY
	Received
	Approved
	Denied
	Reason for denial
L	
To receive the full exemption, this claim mu	st be filed with the Assessor by February 15.
☐ Check here if you no longer seek an exemption at th	is location. Sign and 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
<ol> <li>Owner and operator: (check applicable boxes)</li> <li>Claimant is: ☐ Owner and operator ☐ Owner only ☐ Operator</li> </ol>	erator only
and claims exemption on all	ements and/or   Personal property
2. Are all buildings and equipment claimed as exempt used solely for re	ligious worship, including any building in the course of construction?
☐ Yes ☐ No	
3. Is the land claimed as exempt required for the convenient use of the	se buildings?
	aimed for parking purposes necessarily and reasonably required for the sworship or religious activity, and which is not at other times used for
☐ Yes ☐ No	
	cycles, the revenue of which does not exceed the ordinary and necessar
costs of operating and maintaining the property for parking purposes. if the congregation of the church, religious congregation, or sect is no	Leased property used for parking purposes is eligible for exemption on p greater than 500 members.
5. List all uses of the property:	
6. a. Is an elementary school and/or secondary school being operated a	at this location?
☐ Yes ☐ No	
<ul><li>b. Is a children's day care center being operated at this location (a cand infant care centers)?</li></ul>	children's day care center includes licensed nursery schools, preschool
☐ Yes ☐ No	
Note: If the answer is YES to a. or b. above, the property is not eligible for	or the Church Exemption. If the property is both owned and operated by th

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

church and used for religious worship, preschool purposes, nursery school purposes, kindergarten purposes, school purposes of less than collegiate grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less than collegiate grade, the claimant may qualify for the 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.

EF-262-AH-R09-0515-26000831-2 BOE-262-AH (P2) REV. 09 (05-15)

	7. Is the real property listed on to OWNER NAME	this claim owned by the church? Yes	No If NO, state the	ne name and address of o	owner:
Yes   No	MAILING ADDRESS (NUMBER AN	ND STREET/P. O. BOX)	С	ITY, STATE, ZIP CODE	
aeach year for the property, or portion of the property so used, to be exempt.	Yes No If YES, is Yes Note: The benefit of a proper that the church exemption payments, or a refund of su	the congregation of the church, religious No If YES, the property, or portion there perty tax exemption must inure to the coins taken into account in fixing the tech payments, if paid, for each month of	eof, so used is not eligil church; if the lease or erms of agreement, t occupancy (or use), o	ble for exemption. rental agreement does he church shall receive or portion thereof, during	not specifically provide a reduction in renta
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?	each year for the property, or	portion of the property so used, to be ex	empt.  Yes No		
Exemption. Contact the Assessor.  11. Is any portion of this property vacant and/or unused?	10. Is any portion of this proper	ty being used for living quarters for any p	erson? If YES, describe	e that portion:   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 claimar 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:    MAILING ADDRESS (NUMBER AND STREETIP, O. BOX)   CITY, STATE, ZIP CODE			xemptions. Certain liv	ing quarters may be exe	empt under the Welfare
since 12:01 a.m., January 1 last year?			0		
MAILING ADDRESS (NUMBER AND STREET/P O. BOX)  b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attach addition sheets if necessary.  NAME  TYPE  FREQUENCY  NAME  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	since 12:01 a.m., January 1	last year?  Yes  No		me person or organization	n other than the claimant
b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attach addition sheets if necessary.  NAME  TYPE  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 propert 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?  NAME  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 an accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.  SIGNATURE OF PERSON MAKING CLAIM		Tottler Church, provide the hame and mai	iiig address.		
Sheets if necessary.  NAME  NAME  TYPE  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?  NAME  DAYTIME TELEPHONE  (	MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	C	CITY, STATE, ZIP CODE	
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?  NAME  DAYTIME TELEPHONE  ( )		n organization other than a church, provid	le the name, type of or	ganization and frequency	of use; attach additiona
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?   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, which is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary, which is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary, which is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary, which is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary, which is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary, please state the other uses of the property (attach schedule as necessary, attach schedule as necessary, please state the other uses of the property (attach schedule as necessary, please state the other uses of the property (attach schedule as necessary, please state the other uses of the property (attach schedule as necessary, please state the other uses of the property (attach schedule as necessary, please state the other uses of the property (attach schedule as necessary, please state the other uses of the property (attach schedule as necessary, please state the other uses of the property (attach schedule as necessary, p	NAME		Т	YPE	FREQUENCY
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, where the property of the property (attach schedule as necessary, and the property of the property (attach schedule as necessary, and the property of	NAME		Т	YPE	FREQUENCY
Signature of Person Making Claim  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 propert 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?   NAME   TITLE				ion. It may be exempt if the	ne claimant (owner) and
Whom should we contact during normal business hours for additional information?  Whom should we contact during normal business hours for additional information?  NAME  DAYTIME TELEPHONE  ( )  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 an accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.  SIGNATURE OF PERSON MAKING CLAIM	13. Has there been any change since 12:01 a.m., January 1	e in the use of the property or any constr last year?	ruction commenced an cribe:	d/or completed on this p	roperty
DAYTIME TELEPHONE  ( )  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 an accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.  SIGNATURE OF PERSON MAKING CLAIM  TITLE	Yes No If YES, list listed is no	the name and address of the owner and t used exclusively for religious worship, pl	the type, make, model, ease state the other us	, and serial number of the es of the property <i>(attach</i>	
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 an accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.  SIGNATURE OF PERSON MAKING CLAIM  TITLE		i should we contact during normal b	usiness nours for ac		
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 an accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.  SIGNATURE OF PERSON MAKING CLAIM  TITLE	DAYTIME TELEPHONE	EMAII ADDDESS			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including an accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.  SIGNATURE OF PERSON MAKING CLAIM  TITLE	( )	EMAIL ADDRESS			
accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.  SIGNATURE OF PERSON MAKING CLAIM  TITLE		CERTIFI	CATION		
NAME OF PERSON MAKING CLAIM DATE	SIGNATURE OF PERSON MAKING CLAIM			TITLE	
	NAME OF PERSON MAKING CLAIM			DATE	

