1850	Monterey County Assessor P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us	
Г	FOR ASSESSOR'S USE ONLY	
	Received	
	Approved	
	Denied	
	Reason for denial	
	this form to the Assessor. Date vacated:	
	ASSESSOR'S PARCEL NUMBER	
	DATE PROPERTY WAS FIRST USED BY CLAIMAN	
of these buildings? n is claimed for parking eligious worship or relig or bicycles, the revenue	r Personal property acluding any building in the course of construction? purposes necessarily and reasonably required for t ious activity, and which is not at other times used e of which does not exceed the ordinary and necessa used for parking purposes is eligible for exemption of	
t is no greater than 500		
rated at this location?		
n (a children's day care	e center includes licensed nursery schools, preschoo	
	mption. If the property is both owned and operated by t grgarten purposes, school purposes of less than collegia	
	J Ist be filed with the A re ☐Sign and return ☐ Operator only mprovements and/o for religious worship, ir of these buildings? h is claimed for parking eligious worship or relig or bicycles, the revenue boses. Leased property at is no greater than 500 rated at this location? n (a children's day care	

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3OE-262-AH (P2) REV. 11 (05-22)			
'. Is the real property listed on this claim owned by the church? $\ \ \square$ Yes $\ \ \square$ No	If NO, state the name and addres	ss of owner:	
OWNER NAME			
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE		
B. Is leased property, if any, used by the church for parking purposes? ☐ Yes ☐ No If YES, is the congregation of the church, religious denomi ☐ Yes ☐ No If YES, the property, or portion thereof, so u	-	embers?	
<b>Note:</b> The benefit of a property tax exemption must inure to the church; if the specifically provide that the church exemption is taken into account in fixing the rental payments, or a refund of such payments, if paid, for each month of occur one-twelfth of the property taxes not paid during such fiscal year by reason of the lease or rental agreement.	he terms of agreement, the church pancy (or use), or portion thereof, o	shall receive a reduction in luring the fiscal year equal to	
). Are bingo games being operated on this property? If YES, a claim for the We each year for the property, or portion of the property so used, to be exempt. [		the Assessor by February 1	
0. Is any portion of this property being used for living quarters for any person? I	f YES, describe that portion: 🏾 Ye	es 🗌 No	
<b>Note:</b> Living quarters are not eligible for the Church or Religious Exemption Exemption. Contact the Assessor.	ons. Certain living quarters may b	e exempt under the Welfare	
1. Is any portion of this property vacant and/or unused?			
2. Has any portion of this property been rented to, leased to, or been used and/or since 12:01 a.m., January 1 last year? Yes No	operated by some person or organi	zation other than the claiman	
a. If property is leased to another church, provide the name and mailing address	ess:		
CHURCH NAME			
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	
<ul> <li>b. If property is leased to an organization other than a church, provide the na sheets if necessary.</li> </ul>	me, type of organization and freque	ency of use; attach additiona	
NAME	TYPE	FREQUENCY	
	TYPE	FREQUENCY	
NAME			

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		TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	
	CERTIFICATION	
, , ,	perjury under the laws of the State of California that the foregoing ments or documents, is true, correct, and complete to the best of	
SIGNATURE OF PERSON MAKING CLAIM		TITLE
NAME OF PERSON MAKING CLAIM		DATE

