EF-262-AH-R08-0514-30001380-1 BOE-262-AH (P1) REV. 08 (05-14)

NAME AND MAILING ADDRESS

CHURCH EXEMPTION



 \neg

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

(Make necessary corrections to the printed name and mailing address)

This claim is filed for fiscal year 20_ _ - 20_ (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

Claude Parrish Orange County Assessor

500 S. Main Street, First Floor, Suite 103 Orange, CA 92868-4512 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779 www.ocassessor.gov

| | Reason for denial | |
|---|--|--|
| | | |
| To receive the full exemption, this claim must be filed with the | ne 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 PROPERTY WAS FIRST USED BY CLAIMANT | |
| 1. Owner and operator: (check applicable boxes) Claimant is: | rposes necessarily and reasonably required for the s activity, and which is not at other times used for which does not exceed the ordinary and necessary and for parking purposes is eligible for exemption only | |
| 5. List all uses of the property: | | |
| 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 ce and infant care centers)? | nter includes licensed nursery schools, preschools, | |
| ☐ Yes ☐ No | | |
| Note : If the answer is YES to a. or b. above, the property is not eligible for the Church Exemptichurch and used for religious worship, preschool purposes, nursery school purposes, kindergaments. | | |

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.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



| 7. Is the real property listed on th | is claim owned by the church? | | |
|--|---|--|--------------------------------------|
| | he name and address of owner: | | |
| OWNER NAME | | | |
| MAILING ADDRESS (NUMBER AND | STREET/P. O. BOX) | CITY, STATE, ZIF | CODE |
| 8. Is leased property, if any, used | by the church for parking purposes? | l . | |
| ☐ Yes ☐ No If YES, is the | ne congregation of the church, religious denom | ination, or sect greater than | 500 members? |
| ☐ Yes ☐ N | No $$ If YES, the property, or portion thereof, so ι | ised is not eligible for exemp | otion. |
| that the church exemption in payments, or a refund of sucl | erty tax exemption must inure to the church; is taken into account in fixing the terms of in payments, if paid, for each month of occupa- es not paid during such fiscal year by reason or | agreement, the church suncy (or use), or portion the | hall receive a reduction in rental |
| | ed on this property? If YES, a claim for the We cortion of the property so used, to be exempt. | Ifare Exemption must be file | ed with the Assessor by February 15 |
| 10. Is any portion of this property ☐ Yes ☐ No | being used for living quarters for any person? | If YES, describe that portion | : |
| Note: Living quarters are not Exemption. Contact the Asses | eligible for the Church or Religious Exemptions. | ons. Certain living quarters | may be exempt under the Welfare |
| 11. Is any portion of this property | vacant and/or unused? | | |
| Yes No If YES, des | cribe that portion: | | |
| 12. Has any portion of this propert since 12:01 a.m., January 1 kg | y been rented to, leased to, or been used and/or ast year? | operated by some person or | organization other than the claimant |
| Yes No If YES, desc | ribe: | | |
| If property is leased to another CHURCH NAME | church, provide the name and mailing address | s: | |
| MAILING ADDRESS (NUMBER AND | STREET/P. O. BOX) | CITY, STATE, ZIP CODE | |
| | (except for worship only) is not eligible for the aim for the Welfare Exemption. Contact the Ass | | e exempt if the claimant (owner) and |
| 13. Has there been any change since 12:01 a.m., January 1 la ☐ Yes ☐ No If YES, desc | - | commenced and/or complet | ed on this property |
| res no ii res, desc | albe. | | |
| | perty at this location being leased or rented fro | | |
| | ne name and address of the owner and the type used exclusively for religious worship, please st | | |
| | | | |
| NAME Whom s | should we contact during normal busines | s hours for additional inf | ormation? |
| | | | |
| DAYTIME TELEPHONE | EMAIL ADDRESS | | 1 |
| () | OFFICE ATIO | . N. I | |
| | CERTIFICATIO | | |
| accompanying s | y of perjury under the laws of the State of Califi tatements or documents, is true, correct, and c | omplete to the best of my kn | owledge and belief. |
| SIGNATURE OF PERSON MAKING CLAIM | | TITL | E |
| NAME OF PERSON MAKING CLAIM | | DATE | <u> </u> |

