263-C-R02-0611-49000320-1 -263-C (P1) REV. 02 (06-11)	-R02-0611-49000320-1 (P1) REV. 02 (06-11)		
CHURCH LESSORS' EXEMPTION CLAI	585 Fiscal Dr. Santa Rosa, CA 95403-2872		
PROPERTY LEASED BY A CHURCH TO A PUSCHOOL, COMMUNITY COLLEGE, STATE C STATE UNIVERSITY, INCLUDING THE UNIVERSITY, INCLUDING THE UNIVERSITY, USED JOINTLY WITH A CHUR	COLLEGE, OR ERSITY OF	TELEPHONE: (707) 565-1887 FAX: (707) 565-3317	
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and m	nailing address)		
		To receive the full exemption, this claim must	
L	_	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			
IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM	
ADDRESS OF PROPERTY (NUMBER AND STREET)		20 20	
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  Check and state the p	orimary and incidental qualifying uses operty: (if there are numerous property property and the name and	20 20         ASSESSOR'S PARCEL NUMBER         s of the property.         erties, 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 p	operty: (if there are numerous prope	20 20         ASSESSOR'S PARCEL NUMBER         s of the property.         erties, please attach a list that clearly identifies the	
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY Scheck and state the p The exemption claim is made for the following pro	operty: (if there are numerous property and the name and	20 20         ASSESSOR'S PARCEL NUMBER         s of the property.         erties, please attach a list that clearly identifies the 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 p         The exemption claim is made for the following pro         PROPERTY TYPE         □         Land         □         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         □       Yes         □       No	operty: (if there are numerous property and the name and PRIMARY USE(S)	20 20         ASSESSOR'S PARCEL NUMBER         s of the property.         erties, please attach a list that clearly identifies the address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         or charges from the lease does not exceed the ordinary	
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY  C Check and state the p The exemption claim is made for the following pro PROPERTY TYPE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS Yes No The total income received by th and usual expenses in maintai	operty: ( <i>if there are numerous property and the name and property and the name and PRIMARY USE(S)</i>	20 20         ASSESSOR'S PARCEL NUMBER         s of the property.         erties, please attach a list that clearly identifies the address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         or charges from the lease does not exceed the ordinary	
ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY       ✓ Check and state the p         The exemption claim is made for the following pro         PROPERTY TYPE         Land         Buildings and Improvements         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         Yes       No         The total income received by th and usual expenses in maintai         An affidavit must be attached it	operty: (if there are numerous property and the name and property and the name and PRIMARY USE(S) The church in the form of rents, fees, ining and operating the leased propertion which the lessee declares in which the lessee declares in CERTIFICATION	20 20         ASSESSOR'S PARCEL NUMBER         s of the property.         erties, please attach a list that clearly identifies the address of the lessee)         INCIDENTAL USE         CITY, STATE, ZIP CODE         or charges from the lease does not exceed the ordinary perty.         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 p         The exemption claim is made for the following pro         PROPERTY TYPE         △         △         Buildings and Improvements         △         ○         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         △         Yes         No         The total income received by th and usual expenses in maintai         An affidavit must be attached if         I certify (or declare) under penalty of perjury unde accompanying statements         SIGNATURE OF PERSON MAKING CLAIM	operty: (if there are numerous property and the name and property and the name and PRIMARY USE(S) the church in the form of rents, fees, ining and operating the leased properties in which the lessee declares in the lessee declares in the laws of the State of California to the state of the state of California to the state of	20 20         ASSESSOR'S PARCEL NUMBER         s of the property.         erties, please attach a list that clearly identifies the address of the lessee)         INCIDENTAL USE         INCIDENTAL USE         CITY, STATE, ZIP CODE         or charges from the lease does not exceed the ordinary perty.         it uses the property for exempt purposes.         hat the foregoing and all information hereon, including any the best of my knowledge and belief.         DATE         TITLE	
ADDRESS OF PROPERTY (NUMBER AND STREET)         CITY, COUNTY, ZIP CODE         USE OF PROPERTY         ✓         Check and state the p         The exemption claim is made for the following pro         PROPERTY TYPE         □         Land         □         Buildings and Improvements         □         Personal Property         NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION         MAILING ADDRESS         □         Yes         No         The total income received by th and usual expenses in maintai         An affidavit must be attached is accompanying statements         SIGNATURE OF PERSON MAKING CLAIM	operty: (if there are numerous property and the name and property and the name and PRIMARY USE(S) the church in the form of rents, fees, ining and operating the leased properties in which the lessee declares in the lessee declares in the laws of the State of California to the state of the state of California to the state of	20 20         ASSESSOR'S PARCEL NUMBER         s of the property.         erties, please attach a list that clearly identifies the address of the lessee)         INCIDENTAL USE         INCIDENTAL USE         CITY, STATE, ZIP CODE         or charges from the lease does not exceed the ordinary perty.         it uses the property for exempt purposes.         hat the foregoing and all information hereon, including any 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 PUI	BLIC SCHOOL LESSEE			
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of qu	ualifying use of the property			
PUBLIC SCHOOL     STATE UNIVERSITY				
	TY COLLEGE	UNIVERSITY OF CALIFORNIA		
	LLEGE			
NAME OF CHURCH				
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
DATE LEASE SIGNED			COMMENC	EMENT DATE OF LEASE
	THE ASSESSOF	R MAY REQUEST A COPY OF THE LEASE AGR	EEMENT	
The following property is etc. Attach a separate li		year. If personal property is being lease	d, indicate the t	ype, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)		PROPERTY DESCRIPTION	1	
	espect to lessees that are po t government entity leasing th	litical subdivisions of the state, the pr	operty is locate	ed within the boundaries of the
•	с , с	a student bookstore that generates ur	related busine	ss taxable income as defined in
section	512 of the Internal Revenue	Code.		
		ost recent tax return filed with the Int ned by establishing a ratio of the unrela		
	ncome.	<u>.</u>		
		CERTIFICATION		
		laws of the State of California that the fo cuments, is true and correct to the best o		
SIGNATURE OF PERSON MAKIN			DATE	
NAME OF PERSON MAKING CL.	AIM		TITLE	
	·			
EMAIL ADDRESS			DAYTIME (	E TELEPHONE
	THIS DOCUME	INT IS SUBJECT TO PUBLIC INS		/

