EF-262-AH-R08-0514-50000782-1 BOE-262-AH (P1) REV. 08 (05-14)

CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



Don H. Gaekle **Stanislaus County Assessor**

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

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)	
Г ¬	FOR ASSESSOR'S USE ONLY
	Received
	Approved
	DeniedReason for denial
L	
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 PROPERTY WAS FIRST USED BY CLAIMANT
Claimant is:	ncluding any building in the course of construction? g purposes necessarily and reasonably required for the gious activity, and which is not at other times used for the gious activity and which is not at other times used for the gious activity and which is not at other times used for the gious activity and which is not at other times used for the gious activity and which is not at other times used for 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,

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



7. Is the real property listed on this cla	im owned by the church?	
Yes No If NO, state the na		
OWNER NAME		
MAILING ADDRESS (NUMBER AND STR	EET/P. O. BOX)	CITY, STATE, ZIP CODE
8. Is leased property, if any, used by the	ne church for parking purposes?	1
☐ Yes ☐ No If YES, is the co	ngregation of the church, religious denomination, or se	ect greater than 500 members?
	YES, the property, or portion thereof, so used is not el	•
that the church exemption is tall payments, or a refund of such pay	ax exemption must inure to the church; if the lease ken into account in fixing the terms of agreement ments, if paid, for each month of occupancy (or use; t paid during such fiscal year by reason of the Church	, the church shall receive a reduction in rental, or portion thereof, during the fiscal year equal to
	n this property? If YES, a claim for the Welfare Exemp n of the property so used, to be exempt.	tion must be filed with the Assessor by February 15
10. Is any portion of this property bein ☐ Yes ☐ No	g used for living quarters for any person? If YES, desc	ribe that portion:
Note: Living quarters are not eligi Exemption. Contact the Assessor.	ble for the Church or Religious Exemptions. Certain	living quarters may be exempt under the Welfare
11. Is any portion of this property vaca	nt and/or unused?	
Yes No If YES, describe	that portion:	
12. Has any portion of this property bees since 12:01 a.m., January 1 last years	en rented to, leased to, or been used and/or operated by ear?	some person or organization other than the claimant
☐ Yes ☐ No If YES, describe:		
If property is leased to another chur CHURCH NAME	rch, provide the name and mailing address:	
MAILING ADDRESS (NUMBER AND STR	EET/P. O. BOX)	CITY, STATE, ZIP CODE
	ept for worship only) is not eligible for the Church Exen or the Welfare Exemption. Contact the Assessor.	nption. It may be exempt if the claimant (owner) and
since 12:01 a.m., January 1 last ye	e use of the property or any construction commenced ear?	and/or completed on this property
Yes No If YES, describe:		
☐ Yes ☐ No If YES, list the na	r at this location being leased or rented from someone me and address of the owner and the type, make, more exclusively for religious worship, please state the other	del, and serial number of the property. If the property
Whom shou	ld we contact during normal business hours for	additional information?
NAME	id we contact during normal business nours for	TITLE
DAYTIME TELEPHONE ()	EMAIL ADDRESS	
()	CERTIFICATION	
	perjury under the laws of the State of California that the tents or documents, is true, correct, and complete to the	
SIGNATURE OF PERSON MAKING CLAIM	,,,,,,	TITLE
NAME OF DEDOOM MAKING OF ANY		DATE
NAME OF PERSON MAKING CLAIM		DATE

