EF-263-C-R03-0522-20000134-1 BOE-263-C (P1) REV. 03 (05-22)

CHURCH LESSORS' EXEMPTION CLAIM

PROPERTY LEASED BY A CHURCH TO A PUBLIC SCHOOL, COMMUNITY COLLEGE, STATE COLLEGE, OR STATE UNIVERSITY, INCLUDING THE UNIVERSITY OF CALIFORNIA, USED JOINTLY WITH A CHURCH

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

If you no longer seek an exemption at this location, check here Sign and return this form to the Assessor. Date vacated: IDENTIFICATION OF APPLICANT IESSOR'S CHURCH OR ORGANIZATION NAME MAILING ADDRESS			To receive the full exemption, this claim mus be filed with the Assessor by February 15.
DENTIFICATION OF APPLICANT LESSOR'S CHURCH OR ORGANIZATION NAME MAILING ADDRESS CITY, STATE, ZIP CODE CORPORATE ID (IF ANY) IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET) THISCAL YEAR OF CLAIM 20 20 CITY, COUNTY, ZIP CODE ASSESSOR'S PARCEL NUMBER USE OF PROPERTY \[\text{Check and state the primary and incidental qualifying uses of the property.} The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE(S) INCIDENTAL USE Land Buildings and improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE 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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM DATE NAME OF PERSON MAKING CLAIM TITLE	L	⊒	,
MAILING ADDRESS CITY, STATE, ZIP CODE CORPORATE ID (IF ANY) IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET) IFIGAL YEAR OF CLAIM 20 20 CITY, COUNTY, ZIP CODE ASSESSOR'S PARCEL NUMBER USE OF PROPERTY ✓ Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE(S) INCIDENTAL USE Land	If you no longer seek an exemption at this location	on, check here 🔲 Sign and return this for	m to the Assessor. Date vacated:
MAILING ADDRESS CITY, STATE, ZIP CODE CORPORATE ID (IF ANY) IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET) LISE OF PROPERTY (NUMBER AND STREET) LISE OF PROPERTY OF CLAIM 20 - 20 ASSESSOR'S PARCEL NUMBER WAS ESSOR'S PARCEL NUMBER ASSESSOR'S PARCEL NUMBER ASSESSOR'S PARCEL NUMBER LISE OF PROPERTY OF Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (If there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE(S) INCIDENTAL USE Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS CITY, STATE, ZIP CODE 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. An affidavit must be attached in which the lessee declares it uses the property for exempt purposes. 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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM NAME OF PERSON MAKING CLAIM TITLE	IDENTIFICATION OF APPLICANT		
CITY, STATE, ZIP CODE CORPORATE ID (IF ANY) IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET) IFISCAL YEAR OF CLAIM 20 20 RESESSOR'S PARCEL NUMBER 20 20 RESESSOR'S PARCE	LESSOR'S CHURCH OR ORGANIZATION NAME	IIC, II	<u>C.</u> //
DENTIFICATION OF PROPERTY DENTIFICATION OF PROPERTY DENTIFICATION OF PROPERTY (NUMBER AND STREET) FISCAL YEAR OF CLAIM 20 - 20	MAILING ADDRESS		\rightarrow
IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET) IFISCAL YEAR OF CLAIM 20 20 GITY, COUNTY, ZIP CODE ASSESSOR'S PARCEL NUMBER USE OF PROPERTY Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE(S) INCIDENTAL USE INCIDENTAL USE Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS CITY, STATE, ZIP CODE Tyes No 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. An affidavit must be attached in which the lessee declares it uses the property for exempt purposes. 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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM ITILE TITLE	CITY, STATE, ZIP CODE		
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE(S) INCIDENTAL USE Land Buildings and Improvements Personal Property NAME OF GUALLIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE 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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM DATE	CORPORATE ID (IF ANY)		
ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE USE OF PROPERTY Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE(S) INCIDENTAL USE Land Buildings and Improvements Personal Property NAME OF GUALLIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE 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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM DATE			
USE OF PROPERTY Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE	IDENTIFICATION OF PROPERTY	1 // // <i> </i>	
USE OF PROPERTY Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE(S) INCIDENTAL USE Land Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS CITY, STATE, ZIP CODE To entiry (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.	ADDRESS OF PROPERTY (NUMBER AND STREET)	<i>1////</i>	
The exemption claim is made for the following property: Ciff there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE	CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
□ Land □ Buildings and Improvements □ Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS □ CITY, STATE, ZIP CODE □ Yes □ No 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. An affidavit must be attached in which the lessee declares it uses the property for exempt purposes. 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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM DATE NAME OF PERSON MAKING CLAIM TITLE		roperty: (if there are numerous properties	s, please atta <mark>ch</mark> a list th <mark>at</mark> clearly identifies the
Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS CITY, STATE, ZIP CODE Yes No 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. An affidavit must be attached in which the lessee declares it uses the property for exempt purposes. 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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM DATE NAME OF PERSON MAKING CLAIM TITLE	PROPERTY TYPE	PRIMARY USE(S)	INCIDENTAL USE
Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS CITY, STATE, ZIP CODE Yes No 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. An affidavit must be attached in which the lessee declares it uses the property for exempt purposes. 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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM NAME OF PERSON MAKING CLAIM TITLE	Land		
NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS CITY, STATE, ZIP CODE Yes No 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. An affidavit must be attached in which the lessee declares it uses the property for exempt purposes. 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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM DATE NAME OF PERSON MAKING CLAIM TITLE	☐ Buildings and Improvements		
MAILING ADDRESS CITY, STATE, ZIP CODE Yes No 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. An affidavit must be attached in which the lessee declares it uses the property for exempt purposes. 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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM NAME OF PERSON MAKING CLAIM TITLE			_
Yes No 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. An affidavit must be attached in which the lessee declares it uses the property for exempt purposes. 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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM DATE NAME OF PERSON MAKING CLAIM TITLE	NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION		
An affidavit must be attached in which the lessee declares it uses the property for exempt purposes. 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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM NAME OF PERSON MAKING CLAIM TITLE	MAILING ADDRESS		CITY, STATE, ZIP CODE
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 any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM NAME OF PERSON MAKING CLAIM TITLE	and usual expenses in mainta	aining and operating the leased property.	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM NAME OF PERSON MAKING CLAIM TITLE	An affidavit must be attached in		s the property for exempt purposes.
accompanying statements or documents, is true and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM NAME OF PERSON MAKING CLAIM TITLE			
NAME OF PERSON MAKING CLAIM TITLE			
	SIGNATURE OF PERSON MAKING CLAIM		DATE
EMAIL ADDRESS DAYTIME TELEPHONE ()	NAME OF PERSON MAKING CLAIM		TITLE
	EMAIL ADDRESS		DAYTIME TELEPHONE ()



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 PUBLI	C SCHOOL LESSEE		
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
✓ Check the type of qual	ifying use of the property		
PUBLIC SCH	OOL	STATE UNIVERSITY	
☐ COMMUNITY	COLLEGE	UNIVERSITY OF CALIFORNIA	
☐ STATE COLL	EGE		
NAME OF CHURCH			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			_
DATE LEASE SIGNED The following property is letc. Attach a separate listing	eased as of January 1 of this	R MAY REQUEST A COPY OF THE LEASE AGREEMENT year. If personal property is being leased, indica	DMMENCEMENT DATE OF LEASE te the type, make, model, serial number,
PROPERTY TYPE			
(REAL OR PERSONAL)		PROPERTY DESCRIPTION	<u></u>
		litical subdivisions of the state, the property is	s located within the boundaries of the
Yes No The proposection 5	12 of the Internal Revenue copy of the institution's moreoperty taxes are determine	a student bookstore that generates unrelated	evenue Service must accompany this
		CERTIFICATION	
		laws of the State of California that the foregoing cuments, is true and correct to the best of my kno	
SIGNATURE OF PERSON MAKING	CLAIM		DATE
NAME OF PERSON MAKING CLAIM			TITLE
EMAIL ADDRESS			DAYTIME TELEPHONE ()

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

