EF-262-AH-R09-0515-26000395-1 BOE-262-AH (P1) REV. 09 (05-15)

## **CHURCH EXEMPTION**





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

## **Mono County Office Of The Assessor** Barry Beck, Assessor

PO Box 456 Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Email: assessor@mono.ca.gov

Website: www.monocounty.ca.gov/assessor

NAME AND MAILING ADDRESS		
(Make necessary corrections to the printed name and mailing address)	7	FOR ASSESSOR'S USE ONLY
	Recei	ved
	Appro	ved
	<u>Denie</u>	=
	Reaso	on for denial
To receive the full exemption, this claim mu  ☐ Check here if you no longer seek an exemption at the		
NAME OF CHURCH, ORGANIZA <mark>TIO</mark> N, 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	DATÉ PROPEI	RTY WAS FIRST USED BY CLAIMANT
<ol> <li>Owner and operator: (check applicable boxes)</li> <li>Claimant is: ☐ Owner and operator ☐ Owner only ☐ Operator</li> <li>and claims exemption on all ☐ Land ☐ Buildings and improvement claimed as exempt used solely for red</li> <li>Yes ☐ No</li> </ol>		
3. Is the land claimed as exempt required for the convenient use of the	e buildings?	_
4. Is all real property used by the church upon which exemption is claparking of automobiles of persons attending or engaged in religious commercial purposes? Yes \sum No Commercial purposes does not include the parking of vehicles or big	s wor <mark>sh</mark> ip or religious activity, and whi	ch is not at other times used for
costs of operating and maintaining the property for parking purposes if the congregation of the church, religious congregation, or sect is no	Leased property used for parking purp	
5. List all uses of the property:		
6. a. Is an elementary school and/or secondary school being operated a	at this location?	
<ul> <li>b. Is a children's day care center being operated at this location (a cand infant care centers)?</li> </ul>	hildren's day care center includes licen	sed nursery schools, preschools,
☐ Yes ☐ No		
Note: If the answer is YES to a. or b. above, the property is not eligible for church and used for religious worship, preschool purposes, nursery scho grade (grades 1 - 12), or for the purposes of both schools of collegiate grades to the purpose of the pur	ol purposes, kindergarten purposes, scho	ol purposes of less than collegiate

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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.

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7. Is the real property listed on this claim OWNER NAME	m owned by the church?	es No If NO, state the nam	e and address of owner:
MAILING ADDRESS (NUMBER AND STRE	ET/P. O. BOX)	CITY, STA	ITE, ZIP CODE
8. Is leased property, if any, used by the church for parking purposes?    Yes   No   If YES, is the congregation of the church, religious denomination, or sect greater than 500 members?   Yes   No   If YES, the property, or portion thereof, so used is not eligible for exemption.   Note: The benefit of a property tax exemption must inure to the church; if the lease or rental agreement does not specifically provide that the church exemption is taken into account in fixing the terms of agreement, the church shall receive a reduction in rental payments, or a refund of such payments, if paid, for each month of occupancy (or use), or portion thereof, during the fiscal year equal to one-twelfth of the property taxes not paid during such fiscal year by reason of the Church Exemption.  9. Are bingo games being operated on this property? If YES, a claim for the Welfare Exemption must be filed with the Assessor by February 15 each year for the property, or portion of the property so used, to be exempt.   Yes   No  10. Is any portion of this property being used for living quarters for any person? If YES, describe that portion:   Yes   No  Note: Living quarters are not eligible for the Church or Religious Exemptions. Certain living quarters may be exempt under the Welfare Exemption. Contact the Assessor.  11. Is any portion of this property vacant and/or unused?   Yes   No  If YES, describe that portion:  12. Has any portion of this property been rented to, leased to, or been used and/or operated by some person or organization other than the claimant since 12:01 a.m., January 1 last year?   Yes   No  a. If property is leased to another church, provide the name and malling address:  CHURCH NAME  MAILING ADDRESS (NUMBER AND STREET/P. 0. BOX)			
b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attach additional sheets if necessary.  NAME  TYPE  FREQUENCY  Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) and the user/operator both file a claim for the Welfare Exemption. Contact the Assessor.  13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year?  Yes No If YES, describe:  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			
DAYTIME TELEPHONE	EMAIL ADDRESS		
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, correct, and complete to the best of my knowledge and belief.			
SIGNATURE OF PERSON MAKING CLAIM	, , , , , , , , , , , , , , , , , , , ,	•	TITLE
NAME OF PERSON MAKING CLAIM			DATE

