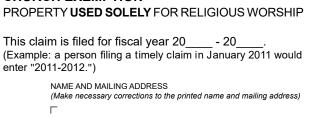
EF-262-AH-R11-0522-26000063-1 BOE-262-AH (P1) REV. 11 (05-22)

CHURCH EXEMPTION





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

| enter "2011-2012.") | | |
|---|---|---|
| NAME AND MAILING ADDRESS | | |
| (Make necessary corrections to the printed name and mailing address) | ٦ | FOR ASSESSOR'S USE ONLY |
| | | Received |
| | | Approved |
| | | Denied |
| | | Reason for denial |
| L | | |
| To receive the full exemption, this claim must | be filed with the Assesso | or by February 15. |
| If you no longer seek an exemption at this location, check here | | |
| NAME OF CHURCH, ORGANIZATION, ETC. | | |
| TATIVILE OF OTIONOTI, ONCOMINE MON, E10. | | |
| 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 |
| Owner and operator: (check applicable boxes) | | |
| Claimant is: | perator only | |
| and claims exemption on all | ovements and/or | Personal property |
| 2. Are all buildings and equipment claimed as exempt used solely for | | |
| ☐ Yes ☐ No | J | , , |
| | a a a haddin na O | |
| 3. Is the land claimed as exempt required for the convenient use of the | nese buildings? | |
| ☐ Yes ☐ No | | |
| 4. Is all real property used by the church upon which exemption is parking of automobiles of persons attending or engaged in religi commercial purposes? | | |
| ☐ Yes ☐ No | | _ |
| Commercial purposes does not include the parking of vehicles or costs of operating and maintaining the property for parking purpose if the congregation of the church, religious congregation, or sect is | es. Leased property used 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 operate | d at this location? | |
| Yes No | u at tills location? | |
| b. Is a children's day care center being operated at this location (a and infant care centers)? | a children's day care center i | includes licensed nursery schools, preschools, |
| ☐ Yes ☐ No | | |
| Note : If the answer is YES to a. or b. above, the property is not eligible church and used for religious worship, preschool purposes, nursery sugrade (grades 1 - 12), or for the purposes of both schools of collegiate Religious Exemption. The Religious Exemption has a "one-time filing" may wish instead to annually file by February 15 for the Welfare Exemption. | chool purposes, kindergarten p grade and schools of less thar provision and should be filed b | purposes, school purposes of less than collegiate in collegiate grade, the claimant may qualify for the |



EF-262-AH-R11-0522-26000063-2 BOE-262-AH (P2) REV. 11 (05-22) 7. Is the real property listed on this claim owned by the church? Yes No If No, state the name and address of owner: OWNER NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) CITY, STATE, 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 for any leased property 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. The assessor may request a copy of the lease or rental agreement. 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 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 mailing address: CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX) CITY, STATE, ZIP CODE 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 NAME TYPE FREQUENCY 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 | | TITLE | |
|-------------------|---------------|-------|--|
| | | | |
| DAYTIME TELEPHONE | EMAIL ADDRESS | | |
| () | | | |
| CEPTIFICATION | | | |

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 |
| | |

