262-AH-R10-0519-30000226-1 BOE-262-AH (P1) REV. 10 (05-19) CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP	STATUS OF THE ST	Claude Parrish Orange County Assessor Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 P.O. Box 628 Santa Ana, CA 92702-0628
This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")		(714) 834-2779 www.ocgov.com/assessor
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		
Г	Г	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L		
To receive the full exemption, this clai		-
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 CLAIMAN
 and claims exemption on all □ Land □ Buildings and 2. Are all buildings and equipment claimed as exempt used sole □ Yes □ No 3. Is the land claimed as exempt required for the convenient use □ Yes □ No 4. Is all real property used by the church upon which exemptic parking of automobiles of persons attending or engaged in a commercial purposes? □ Yes □ No <i>Commercial purposes</i> does not include the parking of vehicles costs of operating and maintaining the property for parking pu if the congregation of the church, religious congregation, or set 5. List all uses of the property: 	ly for religious worship e of these buildings? on is claimed for parki religious worship or re s or bicycles, the rever rposes. Leased proper	ng purposes necessarily and reasonably required for the second se
6. a. Is an elementary school and/or secondary school being ope	arated at this location?	,
□ Yes □ No		
b. Is a children's day care center being operated at this locati	ion (a children's day c	are center includes licensed nursery schools, preschoo
and infant care centers)?		
Yes No Note: If the answer is YES to a. or b. above, the property is not of church and used for religious worship, preschool purposes, nurse	ery school purposes, ki	ndergarten purposes, school purposes of less than collegia
grade (grades 1 - 12), or for the purposes of both schools of colleg Religious Exemption. The Religious Exemption has a "one-time fil may wish instead to annually file by February 15 for the Welfare E	ing" provision and shou	

EF-262-AH-R10-0519-30000226-2 BOE-262-AH (P2) REV. 10 (05-19)

7. Is the real property listed on this	claim owned by the church?	es 🔝 No 🛛 If NO, state the name	e and address of owner:	
OWNER NAME				
MAILING ADDRESS (NUMBER AND S	STREET/P. O. BOX)	CITY, STAT	CITY, STATE, ZIP CODE	
Yes No If YES, is the	by the church for parking purposes? e congregation of the church, religion o If YES, the property, or portion the	us denomination, or sect greater		
specifically provide that the chur rental payments, or a refund of s	rch exemption is taken into account uch payments, if paid, for each mon	in fixing the terms of agreement th of occupancy (or use), or portion	ement for any leased property does not t, the church shall receive a reduction in on thereof, during the fiscal year equal to The assessor may request a copy of the	
	d on this property? If YES, a claim f rtion of the property so used, to be o		be filed with the Assessor by February 15	
10. Is any portion of this property b	peing used for living quarters for any	person? If YES, describe that po	ntion: 🗌 Yes 🗌 No	
Exemption. Contact the Assesso	eligible for the Church or Religious or. racant and/or unused?Yes		rters may be exempt under the Welfare	
If YES, describe that portion:				
since 12:01 a.m., January 1 las			on or organization other than the claimant	
CHURCH NAME	er church, provide the name and ma			
MAILING ADDRESS (NUMBER AND S	STREET/P. O. BOX)	CITY, STAT	E, ZIP CODE	
	ganization other than a church, prov	ide the name, type of organizatio	n and frequency of use; attach additional	
sheets if necessary.		ТҮРЕ	FREQUENCY	
NAME		TYPE	FREQUENCY	
 the user/operator both file a clair 13. Has there been any change in since 12:01 a.m., January 1 las 14. Is any equipment or other prop Yes No If YES, list the 	m for the Welfare Exemption, Conta a the use of the property or any con st year? Yes No If YES, de perty at this location being leased or a name and address of the owner an	ct the Assessor. Istruction commenced and/or conscribe: rented from someone else? Ind the type, make, model, and ser	ay be exempt if the claimant (owner) and npleted on this property rial number of the property. If the property property <i>(attach schedule as necessary)</i> :	
Whom sh	nould we contact during normal	business hours for additiona		
DAYTIME TELEPHONE	EMAIL ADDRESS			
	CERTI	FICATION		
	of perjury under the laws of the Stat tements or documents, is true, corre		and all information hereon, including any ny knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM		TITLE		
NAME OF PERSON MAKING CLAIM			DATE	

