| EF-262-AH-R09-0515-42000245-1<br>BOE-262-AH (P1) REV. 09 (05-15)<br>CHURCH EXEMPTION<br>PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP  | ALIFORIUP  | Joseph E. Holland<br>County Clerk, Recorder and Assessor<br>P.O. Box 159<br>Santa Barbara, CA 93102-0159<br>Santa Barbara: (805) 568-7899<br>Santa Maria: (805) 346-8310  |
|---|--|---|
| This claim is filed for fiscal year 20 20<br>(Example: a person filing a timely claim in January 2011 we<br>enter "2011-2012.")   | ould   |   |
| NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and mailing address)  |  | FOR ASSESSOR'S USE ONLY         Received  |
| To receive the full exemption, this clain   |  |   |
| Check here if you no longer seek an exemption   | at this location. Sig  | n and return this form to the Assessor.   |
| NAME OF CHURCH, ORGANIZATION, ETC.  |  |   |
| WEBSITE ADDRESS (IF ANY)  |  |   |
| MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)   |  |   |
| CITY, STATE, ZIP CODE   |  |   |
| CITT, STATE, ZIP CODE   |  |   |
| ADDRESS OF PROPERTY (NUMBER AND STREET)   |  | ASSESSOR'S PARCEL NUMBER  |
| CITY, COUNTY, ZIP CODE  |  | DATE PROPERTY WAS FIRST USED BY CLAIMANT  |
| <ol> <li>Owner and operator: (check applicable boxes)<br/>Claimant is: Owner and operator Owner only and claims exemption on all Land Buildings and ir</li> <li>Are all buildings and equipment claimed as exempt used solely Yes No</li> <li>Is the land claimed as exempt required for the convenient use of the convenient use</li></ol>               | for religious worship, ind   | cluding any building in the course of construction?   |
| <ul> <li>4. Is all real property used by the church upon which exemption parking of automobiles of persons attending or engaged in recommercial purposes?</li> <li>Yes No</li> <li><i>Commercial purposes</i> does not include the parking of vehicles costs of operating and maintaining the property for parking purp if the congregation of the church, religious congregation, or second seco</li></ul> | eligious worship or religi<br>or bicycles, the revenue<br>boses. Leased property u | ous activity, and which is not at other times used for<br>of which does not exceed the ordinary and necessary<br>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 oper  | rated at this location?  |   |
| b. Is a children's day care center being operated at this locatio<br>and infant care centers)?  | n (a children's day care   | center includes licensed nursery schools, preschools,   |

| 🗌 Yes 🗌 N | 0 |
|-----------|---|
|-----------|---|

**Note**: If the answer is YES to a. or b. above, the property is not eligible for the Church Exemption. If the property is both owned and operated by the church and used for religious worship, preschool purposes, nursery school purposes, kindergarten purposes, school purposes of less than collegiate grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and schools of less than collegiate grade, the claimant may qualify for the 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.

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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 STR   | EET/P. O. BOX)  | CITY, STATE, ZIP CODE  |            |
|---|---|--|------------|
|   |   | mination, or sect greater than 500 members?  |            |
| that the church exemption is tal<br>payments, or a refund of such pay             | ken into account in fixing the terms  | ; if the lease or rental agreement does not specifically<br>of agreement, the church shall receive a reduction<br>pancy (or use), or portion thereof, during the fiscal year<br>of the Church Exemption. | in rental  |
|   | n this property? If YES, a claim for the N<br>n of the property so used, to be exempt.  | Velfare Exemption must be filed with the Assessor by Feb   | oruary 15  |
| 10. Is any portion of this property beir  | g used for living quarters for any person   | ? If YES, describe that portion: 🗌 Yes 🗌 No  |            |
| Exemption. Contact the Assessor.  |   | tions. Certain living quarters may be exempt under the   | Welfare    |
| 11. Is any portion of this property vaca<br>If YES, describe that portion:        | ant and/or unused?  Yes  No   |  |            |
| 12. Has any portion of this property be<br>since 12:01 a.m., January 1 last y     |   | or operated by some person or organization other than the  | claimant   |
|   | church, provide the name and mailing a  | ddress:  |            |
| CHURCH NAME   |   |  |            |
| MAILING ADDRESS (NUMBER AND STR   | REET/P. O. BOX)   | CITY, STATE, ZIP CODE  |            |
| <ul> <li>b. If property is leased to an organ<br/>sheets if necessary.</li> </ul> | nization other than a church, provide the   | name, type of organization and frequency of use; attach a  | additional |
| NAME  |   |  | QUENCY     |
| NAME  |   | TYPE   | QUENCY     |
|   | ept for worship only) is not eligible for th<br>or the Welfare Exemption. Contact the A | e Church Exemption. It may be exempt if the claimant (ow ssessor.  | ner) and   |
|   | e use of the property or any constructio<br>ear?  Yes No If YES, describe:              | n commenced and/or completed on this property  |            |
| Yes No If YES, list the na  |   | rom someone else?<br>pe, make, model, and serial number of the property. If the<br>state the other uses of the property (attach schedule as new  |            |
| Whom sho  | lld we contact during normal busin  | ess 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  |
|                                  |       |

