EF-263-C-R02-0611-42000151-1 BOE-263-C (P1) REV. 02 (06-11)

# **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)



# Joseph E. Holland County Clerk, Recorder and Assessor

P.O. Box 159, Santa Barbara, CA 93102-0159 Santa Barbara (805) 568-2550 Santa Maria (805) 346-8310

L	_		the full exemption, this claim must h the Assessor by February 15.
IDENTIFICATION OF APPLICANT			
LESSOR'S CHURCH OR ORGANIZATION NAME	HCH		
MAILING ADDRESS			$\mathcal{A}$
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
IDENTIFICATION OF PROPERTY			
ADDRESS OF PROPERTY (NUMBER AND STREET)	1 <i>1 V I I</i>		FISCAL YEAR OF CLAIM 20 = 20
CITY, COUNTY, ZIP CODE		Α	SSESSOR'S PARCEL NUMBER
The exemption claim is made for the following prop	property and the name and addre	please attacl	ee)
PROPERTY TYPE	PRIMARY USE(S)		INCIDENTAL USE
Land			
☐ Buildings and Improvements			
Personal Property  NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION			
MAILING ADDRESS		CITY, STA	ATE, ZIP CODE
Yes No The total income received by the and usual expenses in maintain	e church in the form of rents, fees, or ching and operating the leased property.		ne lease does not exceed the ordinary
An affidavit must be attached in	which the lessee declares it us	es the prop	perty for exempt purposes.
	CERTIFICATION		
I certify (or declare) under penalty of perjury under accompanying statements of	the laws of the State of California that th r documents, is true and correct to the be		
SIGNATURE OF PERSON MAKING CLAIM	,		DATE
NAME OF DEDOON MAKING OLAIM			TITLE
NAME OF PERSON MAKING CLAIM			TITLE
EMAIL ADDRESS		1	DAYTIME TELEPHONE ( )

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



#### 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 PUBLIC SCHOOL LESSEE		
MAILING ADDRESS		
CITY, STATE, ZIP CODE		
Check the type of qualifying use of the property  PUBLIC SCHOOL  COMMUNITY COLLEGE  STATE COLLEGE  NAME OF CHURCH  MAILING ADDRESS  CITY, STATE, ZIP CODE	STATE UNIVERSITY UNIVERSITY OF CALIFORNIA	
THE ASSESSOR  The following property is leased as of January 1 of this etc. Attach a separate listing if necessary.	MAY REQUESTA COPY OF THE LEASE AGREEMENT	DMMENCEMENT DATE OF LEASE te the type, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	
☐ Yes ☐ No With respect to lessees that are poli	tical subdivisions of the state, the property is	s located within the boundaries of the
exempt government entity leasing the  Yes No The property, or a portion thereof, is a section 512 of the Internal Revenue (  If <b>Yes</b> , a copy of the institution's mo	e same.  a student bookstore that generates unrelated	business taxable income as defined in evenue Service must accompany this
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the la accompanying statements or doct	aws of the State of California that the foregoing auments, 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

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