EF-263-C-R03-0522-47000115-1

BOE-263-C (P1) REV. 03 (05-22)

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)



Craig S. Kay Siskiyou County Assessor-Recorder

311 Fourth Street, Room 108 Yreka, CA 96097-2984 Telephone (530) 842-8036

To receive the full exemption, this claim must be filed with the Assessor by February 15. If you no longer seek an exemption at this location, check here \square Sign and return this form to the Assessor. Date vacated: IDENTIFICATION OF APPLICANT LESSOR'S CHURCH OR ORGANIZATION NAME MAILING ADDRESS CITY, STATE, ZIP CODE CORPORATE ID (IF ANY) **IDENTIFICATION OF PROPERTY** FISCAL YEAR OF CLAIM ADDRESS OF PROPERTY (NUMBER AND STREET) 20 **-** 20 ASSESSOR'S PARCEL NUMBER CITY, COUNTY, ZIP CODE **USE OF PROPERTY** Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE(S) INCIDENTAL USE Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION MAILING ADDRESS CITY, STATE, ZIP CODE Yes \(\subseteq \text{No} \) 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. An affidavit must be attached in which the lessee declares it uses the property for exempt purposes. **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 and correct to the best of my knowledge and belief. SIGNATURE OF PERSON MAKING CLAIM DATE NAME OF PERSON MAKING CLAIM TITLE EMAIL ADDRESS 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	<u> </u>		
✓ Check the type of	of qualifying use of the pi	roperty	
☐ PUBLIC SCHOOL		☐ STATE UNIVERSITY	
☐ COMMUNITY COLLEGE		UNIVERSITY OF CALIFORNIA	
☐ STATE COLLEGE			\frown \land
NAME OF CHURCH			
MAILING ADDRESS			\rightarrow A
CITY, STATE, ZIP CODE			
		ASSESSOR MAY REQUEST A COPY OF THE LEASE AGI	
PROPERTY TYPE (REAL OR PERSONAL) PROPERTY C		PROPERTY DESCRIPTIO	N
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	h respect to lessees thempt government entity	nat are political subdivisions of the state, the pleasing the same.	roperty is located within the boundaries of the
sec If Y affic	tion 512 of the Internal 'es , a copy of the instit	thereof, is a student bookstore that generates u Revenue Code. tution's most recent tax return filed with the In e determined by establishing a ratio of the unrela	sternal Revenue Service must accompany this
		CERTIFICATION	
I certify (or declare)		under the laws of the State of California that the fo ents or documents, is true and correct to the best	
SIGNATURE OF PERSON MAKING CLAIM			DATE
NAME OF PERSON MAKING CLAIM			TITLE
EMAIL ADDRESS			DAYTIME TELEPHONE
			()

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