d with the Assessor by an and return this form to	FOR ASSESSOR'S USE ONLY Received Approved Denied Reason for denial February 15. the Assessor. Date vacated:
	Received
	Approved
	Approved
	Reason for denial
	February 15.
	-
	-
	the Assessor. Date vacated:
ASS	ESSOR'S PARCEL NUMBER
DAT	E PROPERTY WAS FIRST USED BY CLAIMANT
bus worship, including any buildings? ad for parking purposes neorship or religious activity, es, the revenue of which do ased property used for park	cessarily and reasonably required for the and which is not at other times used for es not exceed the ordinary and necessary ting purposes is eligible for exemption only
is location?	
ren's day care center inclu	des licensed nursery schools, preschools,
	property is both owned and operated by the oses, school purposes of less than collegiate egiate grade, the claimant may qualify for the oruary 15; contact the Assessor. The claiman
	ased property used for park eater than 500 members. is location? ren's day care center inclu he Church Exemption. If the purposes, kindergarten purpo and schools of less than coll

EF-262-AH-R11-0522-51000099-2

BOE-262-AH (P2) REV. 11 (05-22)

7 Is the real property listed on this claim owned by the church? \Box Yes \Box No. If NO state th h addr

7. Is the real property listed on this claim owned by the church? Yes No If NO, s	
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 Yes No If YES, the property, or portion thereof, so used is not 	•
Note: The benefit of a property tax exemption must inure to the church; if the lease of specifically provide that the church exemption is taken into account in fixing the terms rental payments, or a refund of such payments, if paid, for each month of occupancy (or one-twelfth of the property taxes not paid during such fiscal year by reason of the Church lease or rental agreement.	of agreement, the church shall receive a reduction in use), or portion thereof, during the fiscal year equal to
9. Are bingo games being operated on this property? If YES, a claim for the Welfare Exer each year for the property, or portion of the property so used, to be exempt. Yes	
10. Is any portion of this property being used for living quarters for any person? If YES, de Note: Living quarters are not eligible for the Church or Religious Exemptions. Certa	
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 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: 	by some person or <mark>organization</mark> oth er than the claimant
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 sheets if necessary. 	of organization and frequency of use; attach additional
NAME	TYPE FREQUENCY
NAME	TYPE FREQUENCY
 13. Has there been any change in the use of the property or any construction commences 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 someone since the property of the property at this location being leased or rented from someone someone solution. 	
Yes No If YES, list the name and address of the owner and the type, make, m listed is not used exclusively for religious worship, please state the oth	nodel, and serial number of the property. If the property
Whom should we contact during normal business hours f	
NAME	TITLE
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

