CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



Deanna L. Bradford County Clerk-Recorder-Assessor P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

This claim is filed for fiscal year 20 20
(Example: a person filing a timely claim in January 2011 would
enter "2011-2012.")

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)	FOR ASSESSOR'S USE ONLY
	Received
	Approved
	Denied
	Reason for denial
L	
To receive the full exemption, this claim must be file	d with the Assessor by February 15.
NAME OF CHURCH, ORGANIZATION, ETC.	
WEBSITE ADDRESS (IF ANY)	IN A
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 CLAIMANT
1. Owner and operator: (check applicable boxes)	
Claimant is: Owner and operator Owner only Operator only	
and claims exemption on all Land Duildings and improvements	and/or Personal property
2. Are all buildings and equipment claimed as exempt used solely for religious wor	ship, including any building in the course of construction?
☐ Yes ☐ No	
3. Is the land claimed as exempt required for the convenient use of these buildings	3?
Yes No	
4. Is all real property used by the church upon which exemption is claimed for p parking of automobiles of persons attending or engaged in religious worship commercial purposes?	
🗌 Yes 🗌 No	
Commercial purposes does not include the parking of vehicles or bicycles, the r costs of operating and maintaining the property for parking purposes. Leased pr if the congregation of the church, religious congregation, or sect is no greater th	operty 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 operated at this location?

Yes No

b. Is a children's day care center being operated at this location (a children's day care center includes licensed nursery schools, preschools, and infant care centers)?

🗌 Yes 🗌 No

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 STREE	ET/P. O. BOX)	CITY, STATE, ZIP CODE
■ Yes ■ No If Y Note: The benefit of a property tax that the church exemption is take	gregation of the church, religious denominat (ES, the property, or portion thereof, so used a exemption must inure to the church; if the en into account in fixing the terms of ag	d is not eligible for exemption. he lease or rental agreement does not specifically provide greement, the church shall receive a reduction in renta
one-twelfth of the property taxes not	paid during such fiscal year by reason of the	
each year for the property, or portion Yes No 10. Is any portion of this property being Yes No	of the property so used, to be exempt. used for living quarters for any person? If Y	re Exemption must be filed with the Assessor by February 15 ES, describe that portion: . Certain living quarters may be exempt under the Welfare
Exemption. Contact the Assessor.		
Yes No If YES, describe the		
since 12:01 a.m., January 1 last yea		erated by some person or organization other than the claiman
CHURCH NAME		
MAILING ADDRESS (NUMBER AND STREE		CITY, STATE, ZIP CODE
		sor. nmenced and/or completed on this property
Yes No If YES, describe:		
Yes No If YES, list the name listed is not used ex		ake, model, and serial number of the property. If the property the other uses of the property (attach schedule as necessary)
NAME		
DAYTIME TELEPHONE	EMAIL ADDRESS	
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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

