EF-262-AH-R10-0519-57000172-1

BOE-262-AH (P1) REV. 10 (05-19)

CHURCH EXEMPTION

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

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

YOLO COUNTY COUNTY ASSESSOR 625 Court St, Rm. 104

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

| | AILING ADDRESS ary corrections to the printed name a | nd mailing address) | | | | |
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| Г | | | ٦ | | FOR ASSESSOR | 'S USE ONLY |
| | | | | | Received | |
| | | | | | Approved | |
| | | | | | Denied | |
| | | | | | Reason for denial | |
| L | | | _ | | | |
| | rec <mark>eive the ful</mark> l exem if you n <mark>o</mark> longe <mark>r s</mark> eel | | | | - | |
| NAME OF CHURCH, O | RGANIZA <mark>TIO</mark> N, ETC. | | | _ | | |
| WEBSITE ADDRESS (II | FANY) | | | | | |
| MAILING ADDRESS (N | UMBER AND STREET/P. O. BO | DX) | | | | |
| CITY, STATE, ZIP CODE | | 1 A | | | | |
| ADDRESS OF PROPER | RTY (NUMBER AND STREET) | H/I/I | | ASSESS | OR'S PARCEL NUMBE | २ |
| CITY, COUNTY, ZIP CO | DE | | | DATE P | ROPERTY WAS FIRST (| JSED BY CLAIMANT |
| Claimant is: and claims exem 2. Are all buildings a Yes No 3. Is the land claime Yes No 4. Is all real propert parking of autom commercial purpo Yes No Commercial purp costs of operating | and equipment claimed as and as exempt required for the day used by the church upobles of persons attendingses? Oses does not include the grand maintaining the propen of the church, religious of | Owner only O Buildings and impresempt used solely for the convenient use of the convenie | religious worship, inconese buildings? claimed for parking pous worship or religion | ourposes necesous activity, and | sarily and reasonabed which is not at other | ly required for the ner times used for ary and necessary |
| | ry school and/or secondar | y school being operate | d at this location? | | | |
| ☐ Yes ☐ No | | | | | | |
| b. Is a children's and infant care | day care center being ope centers)? | erated at this location (a | a children's day care o | center includes | licensed nursery so | hools, preschools, |
| ☐ Yes ☐ No | | | | | | |
| church and used f grade (grades 1 - 7 Religious Exemption | er is YES to a. or b. above, or religious worship, presch 12), or for the purposes of b on. The Religious Exemptio to annually file by February | nool purposes, nursery so oth schools of collegiate n has a "one-time filing" p | chool purposes, kinder grade and schools of le provision and should be | garten purposes ess than collegia | , school purposes of te grade, the claiman | less than collegiate t may qualify for the |

| 7. Is the real property listed on | this claim owned by the church? $\ \ \square$ Yes | ☐ No If NO, state the name and address of owner: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OWNER NAME | | |
| MAILING ADDRESS (NUMBER A | ND STREET/P. O. BOX) | CITY, STATE, ZIP CODE |
| Yes No If YES, is Yes Yes Yes Yes Yes Yes Yes Yes Yes Specifically provide that the crental payments, or a refund one-twelfth of the property ta lease or rental agreement. 9. Are bingo games being open each year for the property, or 10. Is any portion of this property. | No If YES, the property, or portion there erty tax exemption must inure to the church exemption is taken into account ir of such payments, if paid, for each month xes not paid during such fiscal year by rearted on this property? If YES, a claim for a portion of the property so used, to be extra to be used to be desired used for living quarters for any poor eligible for the Church or Religious E | rch; if the lease or rental agreement for any leased property does not fixing the terms of agreement, the church shall receive a reduction in of occupancy (or use), or portion thereof, during the fiscal year equal to ason of the Church Exemption. The assessor may request a copy of the the Welfare Exemption must be filed with the Assessor by February 15 |
| 11. Is any portion of this pr <mark>op</mark> er If YES, describe that portion | ty vac <mark>an</mark> t and/or <mark>un</mark> used <mark>? Yes No</mark> n: | |
| since 12:01 a.m., January 1 | last year? Yes No nother church, provide the name and mail | d and/or operated by some person or organization other than the claimant ng address: CITY, STATE, ZIP CODE |
| b. If property is leased to ar sheets if necessary. NAME | n organization other than a church, provide | the name, type of organization and frequency of use; attach additional TYPE FREQUENCY TYPE FREQUENCY |
| the user/operator both file a 13. Has there been any chang since 12:01 a.m., January 1 14. Is any equipment or other part of Yes No If YES, list | claim for the Welfare Exemption. Contact e in the use of the property or any constitution of the property of any constitution of the property of the property of the property at this location being leased or retain the name and address of the owner and | ructi <mark>on</mark> com <mark>menced and/or co</mark> mpleted on this property ribe: |
| | n should we contact during normal b | usiness hours for additional information? |
| NAME | | TITLE |
| DAYTIME TELEPHONE () | EMAIL ADDRESS | • |
| () | CERTIFI | CATION |
| | alty of perjury under the laws of the State | of California that the foregoing and all information hereon, including any , and complete to the best of my knowledge and belief. |
| SIGNATURE OF PERSON MAKING CLAIM | | TITLE |
| NAME OF PERSON MAKING CLAIM | | DATE |

