EF-262-AH-R10-0519-01000171-1

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

CHURCH EXEMPTION

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



ALAMEDA COUNTY ASSESSOR 1221 Oak St., Rm 145 Oakland, Ca. 94612-4288

Phong La

(510) 272-6587 / FAX (510) 272-3803 www.acgov.org/assessor

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 I	mailing address)	
Г	7	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L	٦	
To receive the full exempt	tion, this claim must be filed with the A	ssessor by February 15.
	an exemption at this location. Sign and	
NAME OF CHURCH, ORGANIZATION, ETC.	and the state of t	
WEBSITE ADDRESS (IF ANY)		
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX))	
CITY, STATE, ZIP CODE		
CITY, STATE, ZIP CODE	1 /1 /1 / / / / / / / / / / / / / / / /	
ADDRESS OF PROPERTY (NUMBER AND STREET)		ASSESS <mark>OR</mark> 'S PARCEL NUMBER
CITY, COUNTY, ZIP CODE		DATE PROPERTY WAS FIRST USED BY CLAIMANT
and claims exemption on all Land 2. Are all buildings and equipment claimed as ex Yes No 3. Is the land claimed as exempt required for the Yes No 4. Is all real property used by the church upon parking of automobiles of persons attending commercial purposes? Yes No Commercial purposes does not include the parcosts of operating and maintaining the property	Owner only	es necessarily and reasonably required for the ivity, and which is not at other times used for the does not exceed the ordinary and necessary parking purposes is eligible for exemption only
6. a. Is an elementary school and/or secondary s	school being operated at this location?	
☐ Yes ☐ No		
 b. Is a children's day care center being opera and infant care centers)? 	ated at this location (a children's day care center i	includes licensed nursery schools, preschools,
☐ Yes ☐ No		
church and used for religious worship, preschool grade (grades 1 - 12), or for the purposes of both	e property is not eligible for the Church Exemption. I ol purposes, nursery school purposes, kindergarten p n schools of collegiate grade and schools of less thar nas a "one-time filing" provision and should be filed by	purposes, school purposes of less than collegiate n collegiate grade, the claimant may qualify for the

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may wish instead to annually file by February 15 for the Welfare Exemption.

7. Is the real property listed on this	claim owned by the church? 🔲 Yes	No If NO, state the nam	ne and address of owner:
OWNER NAME			
MAILING ADDRESS (NUMBER AND S	TREET/P. O. BOX)	CITY, STA	TE, ZIP CODE
	the church for parking purposes? congregation of the church, religious If YES, the property, or portion there		
specifically provide that the church rental payments, or a refund of su	ch exemption is taken into account in ich payments, if paid, for each month	n fixing the terms of agreemer of occupancy (or use), or port	eement for any leased property does not at, the church shall receive a reduction in ion thereof, during the fiscal year equal to . The assessor may request a copy of the
	on this property? If YES, a claim for tion of the property so used, to be ex		be filed with the Assessor by February 15
10. Is any portion of this property be	eing <mark>us</mark> ed for liv <mark>ing</mark> qu <mark>art</mark> ers f <mark>or</mark> any p	erson? If YES, describe that p	ortion: Yes No
Exemption. Contact the Assesso			arters may be exempt under the Welfare
If YES, describe that portion:			
12. Has any portion of this property be since 12:01 a.m., January 1 last	peen rented to, leased to, or been used year? Yes No	d and/or operated by some per-	son or organization other than the claimant
a. If property is leased to anothe CHURCH NAME	er church, provide the name and maili	ng address:	
MAILING ADDDESS ALL ADDD AND S		Town or a	
MAILING ADDRESS (NUMBER AND S	TREE TIP. O. BOX)	CITY, STA	TE, ZIP CODE
b. If property is leased to an org sheets if necessary.	anization other than a church, provid	e the name, type of organization	on and frequency of use; attach additional
NAME		TYPE	FREQUENCY
NAME		TYPE	FREQUENCY
the user/operator both file a claim 13. Has there been any change in since 12:01 a.m., January 1 last	n for the Welfare Exemption. Contact the use of the property or any const year? Yes No If YES, desc	the Assessor. ruction commenced and/or co ribe:	nay be exempt if the claimant (owner) and make make make make make make make make
☐ Yes ☐ No If YES, list the		the type, make, model, and se	erial number of the property. If the property e property (attach schedule as necessary):
Whom she	ould we contact during normal b	usiness hours for addition	al information?
			THEE
DAYTIME TELEPHONE ()	EMAIL ADDRESS		
,	CERTIFI	CATION	
	of perjury under the laws of the State ements or documents, is true, correc		and all information hereon, including any my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM			TITLE
NAME OF PERSON MAKING CLAIM			DATE

