| -262-AH-R10-0519-07000202-1<br>BOE-262-AH (P1) REV. 10 (05-19)<br><b>CHURCH EXEMPTION</b><br>PROPERTY <b>USED SOLELY</b> FOR RELIGIOUS WORSHIP<br>This claim is filed for fiscal year 20 20<br>(Example: a person filing a timely claim in January 2011 would<br>enter "2011-2012.")  |  | Gus Kramer<br>County Assessor<br>2530 Arnold Drive, Suite 100<br>Martinez, CA 94553-4359<br>FAX: (925) 313-7488<br>Telephone: (925) 313-7400<br>http://www.cccounty.us/assessor   |
|---|--|---|
| NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and mailing address)  |  |   |
|   | ٦  | FOR ASSESSOR'S USE ONLY   |
|   |  | Received  |
|   |  | Approved  |
|   |  | Denied  |
|   |  | Reason for denial   |
|   |  |   |
| To rec <mark>eive the ful</mark> l exemption, this clair<br>Check here if you no longer seek an exemption   |  |   |
| NAME OF CHURCH, ORGANIZATION, ETC.  |  |   |
| WEBSITE ADDRESS (IF ANY)  |  |   |
|   |  |   |
| 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  |
|   |  |   |
| Claimant is:       □ Owner and operator       □ Owner only         and claims exemption on all       □ Land       □ Buildings and         2. Are all buildings and equipment claimed as exempt used solel       □ Yes       □ No         3. Is the land claimed as exempt required for the convenient use       □ Yes       □ No         4. Is all real property used by the church upon which exemption parking of automobiles of persons attending or engaged in r commercial purposes?       □ Yes       □ No         Commercial purposes does not include the parking of vehicles costs of operating and maintaining the property for parking pur if the congregation of the church, religious congregation, or set       5. List all uses of the property: | improvements and/or<br>y for religious worship, in<br>of these buildings?<br>n is claimed for parking<br>religious worship or religion<br>s or bicycles, the revenue<br>poses. Leased property | cluding any building in the course of construction?<br>purposes necessarily and reasonably required for the<br>ious activity, and which is not at other times used for<br>e of which does not exceed the ordinary and necessary<br>used for parking purposes is eligible for exemption only |
| 6. a. Is an elementary school and/or secondary school being ope   | erated at this location?   |   |
|   |  |   |
| b. Is a children's day care center being operated at this location<br>and infant care centers)?   | on (a children's day care  | center includes licensed nursery schools, preschools  |
| Yes No Note: If the answer is YES to a. or b. above, the property is not e church and used for religious worship, preschool purposes, nurse grade (grades 1 - 12), or for the purposes of both schools of colleg Religious Exemption. The Religious Exemption has a "one-time fill may wish instead to annually file by February 15 for the Welfare E THIS DOCUMENT IS S  | ery school purposes, kinde<br>giate grade and schools of<br>ing" provision and should b<br>exemption.  | rgarten purposes, school purposes of less than collegiate<br>less than collegiate grade, the claimant may qualify for the<br>pe filed by February 15; contact the Assessor. The claiman   |
|   |  |   |
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7. Is the real property listed on this claim owned by the church? 🗌 Yes 🗌 No If NO, state the name and address of owner:

| 7. Is the real property listed on this                               | s claim owned by the church?   | Yes No If NO, state the nam  | e and address of owner:   |
|--|--|--|---|
| OWNER NAME   |  |  |   |
| MAILING ADDRESS (NUMBER AND  | STREET/P. O. BOX)  | CITY, STAT   | E, ZIP CODE   |
| Yes No If YES, is th   | by the church for parking purposes<br>e congregation of the church, religi<br>o If YES, the property, or portion t | ous denomination, or sect greater  |   |
| specifically provide that the church rental payments, or a refund of | irch exemption is taken into accou<br>such payments, if paid, for each mo  | nt in fixing the terms of agreemen<br>onth of occupancy (or use), or porti | t, the church shall receive a reduction in<br>on thereof, during the fiscal year equal to<br>The assessor may request a copy of the |
|  | ed on this property? If YES, a claim<br>ortion of the property so used, to be                                      |  | be filed with the Assessor by February 15   |
| 10. Is any portion of this property                                  | being used for living quarters for ar  | ny person? If YES, describe that p   | ortion: 🗌 Yes 🗌 No  |
| Exemption. Contact the Assess  |  |  | rters may be exempt under the Welfare   |
| If YES, describe that portion:                                       |  |  |   |
| 12. Has any portion of this property since 12:01 a.m., January 1 la  |  | used and/or operated by some pers  | son or organization other than the claimant   |
| a. If property is leased to anoth<br>CHURCH NAME                     | ner church, provide the name and r   | nailing address:   |   |
| MAILING ADDRESS (NUMBER AND  | STREET/P. O. BOX)  | CITY, STAT   | TE, ZIP CODE  |
| b. If property is leased to an o                                     | ganization other than a church, pro  | ovide the name, type of organization                                       | on and frequency of use; attach additional  |
| sheets if necessary.<br>NAME   |  | ТУРЕ   | FREQUENCY   |
| NAME   |  | ТҮРЕ   | FREQUENCY   |
| Note: Property used by others  | (except for worship only) is not elig  | ible for the Church Exemption. It m  | nay be exempt if the claimant (owner) and   |
| the user/operator both file a cla                                    | im for the Welfare Exemption. Con<br>n the use of the property or any or   | tact the Assessor.<br>Instruction commenced and/or co                      |   |
| ☐ Yes ☐ No If YES, list th   |  | and the type, make, model, and se  | rial number of the property. If the property<br>property (attach schedule as necessary):  |
| Whom s   | hould we contact during norm   | al business hours for addition   | al information?   |
| NAME   |  |  | TITLE   |
| DAYTIME TELEPHONE  | EMAIL ADDRESS  |  |   |
| <u> </u>   | CERI   | IFICATION  |   |
|  |  |  | and all information hereon, including any   |
| SIGNATURE OF PERSON MAKING CLAIM                                     | atements or documents, is true, co   | neo, and complete to the best of f   | TITLE   |
| NAME OF PERSON MAKING CLAIM  |  |  | DATE  |
|  |  |  | DAIL  |

