EF-262-AH-R10-0519-14000161-1

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.")

County of Inyo Dave Stottlemyre, Assessor

P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

NAME AND MAILING ADDRESS (Make necessary corrections to the prin	ted name and mailing address)	
Γ	コ	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L	7	
	ll exemption, this claim must be filed with the er seek an exemption at this location. Sign an	
NAME OF CHURCH, ORGANIZA <mark>TIO</mark> N, ETC.	HI	
WEBSITE ADDRESS (IF ANY)		
MAILING ADDRESS (NUMBER AND STREE	T/P. O. BOX)	
CITY, STATE, ZIP CODE		
ADDRESS OF PROPERTY (NUMBER AND S	STREET)	ASSESSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP CODE	/ 	DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applica	able boxes)	
Claimant is:		
and claims exemption on all	Lan <mark>d </mark>	☐ Perso <mark>na</mark> l proper <mark>ty</mark>
2. Are all buildings and equipm <mark>e</mark> nt cla	imed as exempt used solely for religious worship, includin	ng any b <mark>uild</mark> ing in t <mark>he</mark> course of construction?
☐ Yes ☐ No		
3. Is the land claimed as exempt requ	ired for the convenient use of these buildings?	<u> </u>
☐ Yes ☐ No		
_	urch upon which exemption is claimed for parking purpo	oses necessarily and reasonably required for the
	attending or engaged in religious worship or religious a	
☐ Yes ☐ No		
costs of operating and maintaining	lude the parking of vehicles or bicycles, the revenue of whe the property for parking purposes. Leased property used feligious congregation, or sect is no greater than 500 mem	for parking purposes is eligible for exemption only
5. List all uses of the property:		
6. a. Is an elementary school and/or s	secondary school being operated at this location?	
☐ Yes ☐ No	, , , , , , , , , , , , , , , , , , , ,	
b. Is a children's day care center be and infant care centers)?	eing operated at this location (a children's day care cente	er includes licensed nursery schools, preschools,
☐ Yes ☐ No		
church and used for religious worship grade (grades 1 - 12), or for the purpo Religious Exemption. The Religious E	. above, the property is not eligible for the Church Exemption p, preschool purposes, nursery school purposes, kindergarte oses of both schools of collegiate grade and schools of less the Exemption has a "one-time filing" provision and should be filed February 15 for the Welfare Exemption.	en purposes, school purposes of less than collegiate han collegiate grade, the claimant may qualify for the

7. Is the real property listed on this of	claim owned by the church?	☐ No If NO, state the nam	e and address of owner:
OWNER NAME			
MAILING ADDRESS (NUMBER AND ST	REET/P. O. BOX)	CITY, STAT	TE, ZIP CODE
	the church for parking purposes? congregation of the church, religious If YES, the property, or portion there	_	
specifically provide that the churc rental payments, or a refund of su	h exemption is taken into account in ch payments, if paid, for each month	fixing the terms of agreement of occupancy (or use), or portion	ement for any leased property does not t, the church shall receive a reduction in on thereof, during the fiscal year equal to The assessor may request a copy of the
	on this property? If YES, a claim for ion of the property so used, to be exe		be filed with the Assessor by February 15
10. Is any portion of this property be	ing <mark>us</mark> ed for liv <mark>ing</mark> qu <mark>art</mark> ers for any pe	erson? If YES, describe that p	ortion: 🗌 Yes 🔟 No
Exemption. Contact the Assessor			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	een rented to, leased to, or been used year? Yes No	d and/or operated by some pers	son or organization other than the claimant
a. If property is leased to anothe CHURCH NAME	r church, provide the name and maili	ng address:	
MAIL ING ADDDEGG ALLI INDED AND GO	TRETTINO POY	lam or a	
MAILING ADDRESS (NUMBER AND ST	REET/P. O. BOX	CITY, STA	TE, ZIP CODE
b. If property is leased to an organisheets if necessary.	anization other than a church, provide	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	for the Welfare Exemption. Contact the use of the property or any construyear? Yes No If YES, description	the Assessor. ruction commenced and/or co ribe:	nay be exempt if the claimant (owner) and make make make make the claimant (owner) and make the
Yes No If YES, list the		the type, make, model, and se	rial number of the property. If the property e property (attach schedule as necessary):
NAME	ould we contact during normal bu	usiness hours for addition	al information?
			11122
DAYTIME TELEPHONE ()	EMAIL ADDRESS		
	CERTIFIC	CATION	
	f perjury under the laws of the State of ements or documents, is true, correct		and all information hereon, including any ny knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM			TITLE
NAME OF PERSON MAKING CLAIM			DATE

