EF-262-AH-R09-0515-22000164-1 BOE-262-AH (P1) REV. 09 (05-15)

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This claim is filed for fiscal year 20



## **Becky Crafts** County of Mariposa Assessor/Recorder

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

ROPERTY <b>USED SOLELY</b> FOR RELIGIOUS WORSHI	ΙP

- 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 1 To receive the full exemption, this claim must be filed with the Assessor by February 15. Check here if you no longer seek an exemption at this location. Sign and return this form to the Assessor. 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 1. Owner and operator: (check applicable boxes) ☐ Owner and operator ☐ Owner only ☐ Operator only and claims exemption on all Buildings and improvements and/or ☐ Personal property ☐ Land 2. Are all buildings and equipment claimed as exempt used solely for religious worship, 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?  $\square$  Yes  $\square$  No 4. Is all real property used by the church upon which exemption is claimed for parking purposes necessarily and reasonably required for the parking of automobiles of persons attending or engaged in religious worship or religious activity, and which is not at other times used for commercial purposes? ☐ Yes ☐ No Commercial purposes does not include the parking of vehicles or bicycles, the revenue of which does not exceed the ordinary and necessary costs of operating and maintaining the property for parking purposes. Leased property used for parking purposes is eligible for exemption only if the congregation of the church, religious congregation, or sect is no greater than 500 members. 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)? 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

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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.

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7. Is the real property listed on this claim OWNER NAME	m owned by the church?	es No If NO, state the nam	e and address of owner:	
MAILING ADDRESS (NUMBER AND STRE	ET/P. O. BOX)	CITY, STA	ITE, ZIP CODE	
Note: The benefit of a property tax that the church exemption is take payments, or a refund of such payr one-twelfth of the property taxes not 9. Are bingo games being operated on each year for the property, or portion 10. Is any portion of this property being Note: Living quarters are not eligib Exemption. Contact the Assessor.  11. Is any portion of this property vacar If YES, describe that portion:  12. Has any portion of this property beer since 12:01 a.m., January 1 last years. If property is leased to another control of the property been since 12:01 a.m. All Danier CHURCH NAME	rigregation of the church, religion YES, the property, or portion the exemption must inure to the en into account in fixing the ments, if paid, for each month paid during such fiscal year by this property? If YES, a claim of the property so used, to be used for living quarters for any le for the Church or Religious at and/or unused? Yes The rented to, leased to, or been used? Yes No hurch, provide the name and metallicity.	us denomination, or sect greated ereof, so used is not eligible for a church; if the lease or rental terms of agreement, the chu of occupancy (or use), or portion reason of the Church Exemption for the Welfare Exemption must exempt.   Yes No person? If YES, describe that purchased and/or operated by some permailing address:  CITY, STA	exemption.  agreement does not specifically provide urch shall receive a reduction in rental on thereof, during the fiscal year equal to in.  be filed with the Assessor by February 15 portion: Yes No  parters may be exempt under the Welfare reson or organization other than the claimant	
b. If property is leased to an organization other than a church, provide the name, type of organization and frequency of use; attach additional sheets if necessary.  NAME  TYPE  FREQUENCY  NAME  TYPE  FREQUENCY  Note: Property used by others (except for worship only) is not eligible for the Church Exemption. It may be exempt if the claimant (owner) and the user/operator both file a claim for the Welfare Exemption. Contact the Assessor.  13. Has there been any change in the use of the property or any construction commenced and/or completed on this property since 12:01 a.m., January 1 last year?   Yes  No If YES, describe:  14. Is any equipment or other property at this location being leased or rented from someone else?  If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the property				
Whom should we contact during normal business hours for additional information?  NAME    TITLE				
DAYTIME TELEPHONE	EMAIL ADDRESS			
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	

