EF-262-AH-R09-0515-34000273-1 BOE-262-AH (P1) REV. 09 (05-15)

enter "2011-2012.")

CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

(Example: a person filing a timely claim in January 2011 would

This claim is filed for fiscal year 20___

_ - 20_



DUNTY ASSESSOR

PTIONS SECTION ive, Suite 200 -5952 https://assessor.saccounty.gov

OF SACRAM	CHRISTINA WYNN	
	SACRAMENTO CO	
LIFORNIA	INSTITUTIONAL EXEMF 3636 American River Dri Sacramento, CA 95864- Phone (916) 875-0720 FAX (916) 854-9181	

NAME AND MAILING ADDRESS		
(Make necessary corrections to the printed name and mailing address)	٦	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L		
To receive the full exemption, this claim mus	t be filed with the Assess	sor by February 15.
☐ Check here if you no longer seek an exemption at this	s location. Sign and retur	n this form to the Assessor.
NAME OF CHURCH, ORGANIZATION, ETC.		A
WEBSITE ADDRESS (IF ANY)		
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)		
CITY, STATE, ZIP CODE		
ADDRESS OF PROPERTY (NUMBER AND STREET)	ASSES	SSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP CODE	DATÉ	PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes) Claimant is:	ments and/or □ Perso gious worship, including any bu	nal property illding in the course of construction?
4. Is all real property used by the church upon which exemption is clar parking of automobiles of persons attending or engaged in religious commercial purposes?		
☐ Yes ☐ No		
Commercial purposes does not include the parking of vehicles or bicy costs of operating and maintaining the property for parking purposes. if the congregation of the church, religious congregation, or sect is no	Leased property used for parkir	
5. List all uses of the property:		
6. a. Is an elementary school and/or secondary school being operated a	t this location?	
☐ Yes ☐ No		
 b. Is a children's day care center being operated at this location (a chand infant care centers)? 	nildren's day care center include	es licensed nursery schools, preschools,
☐ Yes ☐ No		
Note : If the answer is YES to a. or b. above, the property is not eligible fo church and used for religious worship, preschool purposes, nursery school		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

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 owned by the church?	te the name and address of owner:
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE
8. Is leased property, if any, used by the church for parking purposes? Yes No If YES, is the congregation of the church, religious denomination, or so Note: The benefit of a property tax exemption must inure to the church; if the lease that the church exemption is taken into account in fixing the terms of agreemer payments, or a refund of such payments, if paid, for each month of occupancy (or use one-twelfth of the property taxes not paid during such fiscal year by reason of the Church	eligible for exemption. e or rental agreement does not specifically provide nt, the church shall receive a reduction in rental e), or portion thereof, during the fiscal year equal to
9. Are bingo games being operated on this property? If YES, a claim for the Welfare Exem each year for the property, or portion of the property so used, to be exempt. \square Yes \square	
 10. Is any portion of this property being used for living quarters for any person? If YES, des Note: Living quarters are not eligible for the Church or Religious Exemptions. Certain Exemption. Contact the Assessor. 11. Is any portion of this property vacant and/or unused? Yes No If YES, describe that portion: 12. Has any portion of this property been rented to, leased to, or been used and/or operated by 	n living quarters may be exempt under the Welfare
since 12:01 a.m., January 1 last year? Yes No a. If property is leased to another church, provide the name and mailing address: CHURCH NAME MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE
 b. If property is leased to an organization other than a church, provide the name, type of sheets if necessary. 	
NAME Note: Property used by others (except for worship only) is not eligible for the Church Exethe user/operator both file a claim for the Welfare Exemption. Contact the Assessor.	TYPE FREQUENCY TYPE FREQUENCY FREQUENCY Importion. It may be exempt if the claimant (owner) and
 13. Has there been any change in the use of the property or any construction commenced 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 someoned Yes No If YES, list the name and address of the owner and the type, make, more listed is not used exclusively for religious worship, please state the other. 	e else? odel, and serial number of the property. If the property
Whom should we contact during normal business hours fo	or additional information?
DAYTIME TELEPHONE EMAIL ADDRESS	
CERTIFICATION	
I certify (or declare) under penalty of perjury under the laws of the State of California that the accompanying statements or documents, is true, correct, and complete to the state of California that the accompanying statements or documents, is true, correct, and complete to the state of California that the accompanying statements or documents, is true, correct, and complete to the state of California that the accompanying statements or documents, is true, correct, and complete to the state of California that the accompanying statements or documents, is true, correct, and complete to the state of California that the accompanying statements or documents, is true, correct, and complete to the state of California that the accompanying statements or documents, is true, correct, and complete to the state of California that the accompanying statements or documents.	
SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

