EF-262-AH-R10-0519-34000204-1

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

CHURCH EXEMPTION

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

This claim is filed for fiscal year 20_ (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)	
Г	_

CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

(Make necessary corrections to the print	led name and mailing address)	
Г	コ	FOR ASSESSOR'S USE ONLY
		Received
		Approved
		Denied
		Reason for denial
L	ل	
☐ Check here if you no longename of church, organization, etc.	I exemption, this claim must be filed with er seek an exemption at this location. Sig	
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
· · · · · · · · · · · · · · · · · · ·	perator	
3. Is the land claimed as exempt requi	ired for the convenient use of these buildings?	
☐ Yes ☐ No		
		purposes necessarily and reasonably required for the ous activity, and which is not at other times used for
☐ Yes ☐ No	OCL	-
costs of operating and maintaining t		of which does not exceed the ordinary and necessary used for parking purposes is eligible for exemption only members.
5. List all uses of the property:		
6. a. Is an elementary school and/or s	econdary school being operated at this location?	
Yes No	, , , , , , , , , , , , , , , , , , , ,	
	eing operated at this location (a children's day care	center includes licensed nursery schools, preschools,
☐ Yes ☐ No		
Note: If the answer is YES to a. or b. church and used for religious worship grade (grades 1 - 12), or for the purpo Religious Exemption. The Religious E	o, preschool purposes, nursery school purposes, kinder oses of both schools of collegiate grade and schools of l	mption. If the property is both owned and operated by the rgarten purposes, school purposes of less than collegiate ess than collegiate grade, the claimant may qualify for the e filed by February 15; contact the Assessor. The claimant

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

