EF-262-AH-R10-0519-35000170-1

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

CHURCH EXEMPTION

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP



San Benito County Assessor 440 Fifth St. Rm. 108 Hollister, CA 95023-3893

Tel: 831-636-4030 Fax: 831-636-4033

Tom J. Slavich

This claim is filed for fiscal year 20 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")	www.cosb.us/government/assessor
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)	
Г	FOR ASSESSOR'S USE ONLY
	Received
	Approved
	Denied
	Reason for denial
L	
To receive the full exemption, this claim must ☐ Check here if you no longer seek an exemption at this	
NAME OF CHURCH, ORGANIZATION, ETC.	
To time of orionority of continue and the continue and th	
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
	nents and/or Personal property gious worship, including any building in the course of construction? buildings? med for parking purposes necessarily and reasonably required for the worship or religious activity, and which is not at other times used for cles, the revenue of which does not exceed the ordinary and necessary eased property used for parking purposes is eligible for exemption only
6. a. Is an elementary school and/or secondary school being operated at	this location?
☐ Yes ☐ No	

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 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.

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)?

☐ Yes ☐ No

7. Is the real property listed on	this claim owned by the church? $\ \ \square$ Yes	☐ No If NO, state the name and address of owner:
OWNER NAME		
MAILING ADDRESS (NUMBER A	ND STREET/P. O. BOX)	CITY, STATE, ZIP CODE
Yes No If YES, is Yes Yes Yes Yes Yes Yes Yes Yes Yes Specifically provide that the crental payments, or a refund one-twelfth of the property ta lease or rental agreement. 9. Are bingo games being open each year for the property, or 10. Is any portion of this property.	No If YES, the property, or portion there erty tax exemption must inure to the church exemption is taken into account ir of such payments, if paid, for each month xes not paid during such fiscal year by rearted on this property? If YES, a claim for a portion of the property so used, to be extra to be used to be desired used for living quarters for any poor eligible for the Church or Religious E	rch; if the lease or rental agreement for any leased property does not fixing the terms of agreement, the church shall receive a reduction in of occupancy (or use), or portion thereof, during the fiscal year equal to ason of the Church Exemption. The assessor may request a copy of the the Welfare Exemption must be filed with the Assessor by February 15
11. Is any portion of this pr <mark>op</mark> er If YES, describe that portion	ty vac <mark>an</mark> t and/or <mark>un</mark> used <mark>? Yes No</mark> n:	
since 12:01 a.m., January 1	last year? Yes No nother church, provide the name and mail	d and/or operated by some person or organization other than the claimant ng address: CITY, STATE, ZIP CODE
b. If property is leased to ar sheets if necessary. NAME	n organization other than a church, provide	the name, type of organization and frequency of use; attach additional TYPE FREQUENCY TYPE FREQUENCY
the user/operator both file a 13. Has there been any chang since 12:01 a.m., January 1 14. Is any equipment or other part of Yes No If YES, list	claim for the Welfare Exemption. Contact e in the use of the property or any constitution of the property of any constitution of the property of the property of the property at this location being leased or retain the name and address of the owner and	ructi <mark>on</mark> com <mark>menced and/or co</mark> mpleted on this property ribe:
	n should we contact during normal b	usiness hours for additional information?
NAME		TITLE
DAYTIME TELEPHONE ()	EMAIL ADDRESS	•
()	CERTIFI	CATION
	alty of perjury under the laws of the State	of California that the foregoing and all information hereon, including any , and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		TITLE
NAME OF PERSON MAKING CLAIM		DATE

