CHURCH LESSORS' EXEMPTION CLAIM

NAME AND MAILING ADDRESS



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Tom J. Slavich San Benito County Assessor 440 Fifth St. Rm. 108 Hollister, CA 95023-3893 Tel: 831-636-4030 Fax: 831-636-4033 www.cosb.us/government/assessor

PROPERTY LEASED BY A CHURCH TO A PUBLIC SCHOOL, COMMUNITY COLLEGE, STATE COLLEGE, OR STATE UNIVERSITY, INCLUDING THE UNIVERSITY OF CALIFORNIA, USED JOINTLY WITH A CHURCH

(Make necessary corrections to the printed name and mailing address)

To receive the full exemption, this claim must be filed with the Assessor by February 15. L IDENTIFICATION OF APPLICANT LESSOR'S CHURCH OR ORGANIZATION NAME MAILING ADDRESS CITY, STATE, ZIP CODE CORPORATE ID (IF ANY) **IDENTIFICATION OF PROPERTY** ADDRESS OF PROPERTY (NUMBER AND STREET) FISCAL YEAR OF CLAIM 20 - 20 ASSESSOR'S PARCEL NUMBER CITY, COUNTY, ZIP CODE **USE OF PROPERTY** Check and state the primary and incidental qualifying uses of the property. The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee) PROPERTY TYPE PRIMARY USE(S) **INCIDENTAL USE** Land Buildings and Improvements Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION CITY, STATE, ZIP CODE MAILING ADDRESS Yes No The total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property.

An affidavit must be attached in which the lessee declares it uses the property for exempt purposes.

CERTIFICATION		
l certify (or declare) under penalty of perjury under the laws of the State of C accompanying statements or documents, is true and c		
SIGNATURE OF PERSON MAKING CLAIM	DATE	
NAME OF PERSON MAKING CLAIM	TITLE	
EMAIL ADDRESS	DAYTIME TELEPHONE ( )	

### THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## INSTRUCTIONS FOR FILING CHURCH LESSORS' EXEMPTION CLAIM

#### **IMPORTANT NOTICE**

This claim may be filed to claim the welfare exemption on property leased by a church to a public school, community college, state college, state university, including the University of California when the church and public school or college both use the property in a joint manner. (See Revenue and Taxation Code section 214.6.)

Although the church has previously been granted the religious exemption, which only requires a one-time filing, annual filing of this claim form is required for a property used in conjunction with a public school to be granted the welfare exemption.

Failure to submit the public school or college lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the lessors' claim form is due will result in a portion of the exemption being denied. A sample affidavit is included as page 3 of this form.

# **IDENTIFICATION OF APPLICANT**

Enter your church, corporate or organization information.

# **IDENTIFICATION OF PROPERTY**

Enter the address of the property for which you are seeking exemption.

## **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

# **USES OF PROPERTY**

Check each of the types of property being claimed, and state the primary and incidental uses of the property. Primary use may include both church and school use; incidental uses would include others who use the property for meetings, receptions, etc.

Enter the name and address of the public school or college lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Check the appropriate box to affirm that the total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property. The exemption is not available if the income exceeds the ordinary and usual expenses in maintaining and operating the leased property.

Attach an affidavit in which the public school or college lessee declares it uses the property for exempt purposes.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.



RETURN THIS AFFIDAVIT TO LESSOR

# AFFIDAVIT FOR EXECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES

NAME OF QUALIFYING PUBLIC SCHOOL LESSEE	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
Check the type of qualifying use of the property	
PUBLIC SCHOOL     STATE UNIVERSITY	
COMMUNITY COLLEGE	
STATE COLLEGE	$\frown$ $\land$
NAME OF CHURCH	
MAILING ADDRESS	<b>D</b> A
CITY, STATE, ZIP CODE	
DATE LEASE SIGNED	COMMENCEMENT DATE OF LEASE
THE ASSESSOR MAY REQUEST A COPY OF THE LEASE A	
The following property is leased as of January 1 of this year. If personal property is being leased at a separate listing if necessary.	ased, indicate the type, make, model, senai number,
PROPERTY TYPE (REAL OR PERSONAL) PROPERTY DESCRIPT	10N
	OT
☐ Yes ☐ No With respect to lessees that are political subdivisions of the state, the exempt government entity leasing the same.	property is located within the boundaries of the
☐ Yes ☐ No The property, or a portion thereof, is a student bookstore that generates section 512 of the Internal Revenue Code. If Yes, a copy of the institution's most recent tax return filed with the affidavit. Property taxes are determined by establishing a ratio of the unrugross income.	Internal Revenue Service must accompany this
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 and correct to the be	
SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
EMAIL ADDRESS	DAYTIME TELEPHONE ( )

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