EF-262-AH-R10-0519-40000127-1

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

## **CHURCH EXEMPTION**

## PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

This claim is filed for fiscal year 20\_\_\_\_ - 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	S,
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## Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

FOR ASSESSOR'S USE ONLY

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

	Received
	Approved
	Denied
	Reason for denial
L	
To receive the full exemption, this claim must be filed with th  ☐ Check here if you no longer seek an exemption at this location. Sign a	
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)  Claimant is:	poses necessarily and reasonably required for the sactivity, and which is not at other times used for which does not exceed the ordinary and necessary d 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  b. Is a children's day care center being operated at this location (a children's day care cer and infant care centers)?	nter includes licensed nursery schools, preschools,
	rten purposes, school purposes of less than collegiate s than collegiate grade, the claimant may qualify for the

7. Is the real property listed on	this claim owned by the church?   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 extry being used for living quarters for any pot eligible for the Church or Religious E	rch; if the lease or rental agreement for any leased property do no fixing the terms of agreement, the church shall receive a reduce of occupancy (or use), or portion thereof, during the fiscal year eason of the Church Exemption. The assessor may request a coperate the Welfare Exemption must be filed with the Assessor by February	uction in equal to by of the ruary 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> use <mark>d?  Yes  No</mark> n:		
since 12:01 a.m., January 1	last year?	d and/or operated by some person or organization other than the organization of the or	claimant
b. If property is leased to ar sheets if necessary. NAME	n organization other than a church, provide		dditional QUENCY QUENCY
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 const last year? Yes No If YES, desconoperty at this location being leased or ret the name and address of the owner and	ruction commenced and/or completed on this property ribe:	property
	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, include t, and complete to the best of my knowledge and belief.	ding any
SIGNATURE OF PERSON MAKING CLAIM		TITLE	
NAME OF PERSON MAKING CLAIM		DATE	

