EF-262-AH-R10-0519-42000195-1 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	OF SANTA SPREAR	Joseph E. Holland County Clerk, Recorder and Assessor P.O. Box 159 Santa Barbara, CA 93102-0159 Santa Barbara: (805) 568-7899 Santa Maria: (805) 346-8310	
(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 cla Check here if you no longer seek an exemption 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	
	se of these buildings? tion is claimed for parking pu religious worship or religion les or bicycles, the revenue o purposes. Leased property us	urposes necessarily and reasonably required for the us activity, and which is not at other times used for of which does not exceed the ordinary and necessary red for parking purposes is eligible for exemption only	
6. a. Is an elementary school and/or secondary school being o	-		
b. Is a children's day care center being operated at this loca and infant care centers)?	ation (a children's day care c	enter includes licensed nursery schools, preschools,	
☐ Yes ☐ No Note: If the answer is YES to a. or b. above, the property is no church and used for religious worship, preschool purposes, nur grade (grades 1 - 12), or for the purposes of both schools of coll Religious Exemption. The Religious Exemption has a "one-time may wish instead to annually file by February 15 for the Welfare	rsery school purposes, kinderg legiate grade and schools of les filing" provision and should be e Exemption.	arten purposes, school purposes of less than collegiate ss than collegiate grade, the claimant may qualify for the filed by February 15; contact the Assessor. The claimant	
		INSPECTION	

Joseph E. Holland

EF-262-AH-R10-0519-42000195-2 BOE-262-AH (P2) REV. 10 (05-19)

7. Is the real property listed on this cla	aim owned by the church? \Box)	res 🔄 No 🛛 If NO, state	e the name and	address of owner	:	
OWNER NAME						
MAILING ADDRESS (NUMBER AND STR	EET/P. O. BOX)		CITY, STATE, ZIP	STATE, ZIP CODE		
	he church for parking purposes? ongregation of the church, religio f YES, the property, or portion th	ous denomination, or se	-			
Note: The benefit of a property tax specifically provide that the church rental payments, or a refund of such one-twelfth of the property taxes no lease or rental agreement.	exemption is taken into accoun n payments, if paid, for each mor	t in fixing the terms of a nth of occupancy (or use	agreement, the e), or portion the	church shall recei ereof, during the fis	ive a reduction in scal year equal to	
9. Are bingo games being operated o each year for the property, or portio				d with the Assesso	or by February 15	
10. Is any portion of this property beir	ig <mark>us</mark> ed for living quarters for any	y person? If YES, descr	ibe that portion	: 🗌 Yes 🗌 No		
Note: Living quarters are not elig Exemption. Contact the Assessor.			living quarters	may be exempt u	inder the Welfare	
11. Is any portion of this property vaca If YES, describe that portion:	ant and/or unused?	No				
12. Has any portion of this property be since 12:01 a.m., January 1 last y		sed and/or operated by	some person or	organization other	than the claimant	
a. If property is leased to another of CHURCH NAME	hurch, provide the name and m	ailing address:				
MAILING ADDRESS (NUMBER AND STR	EET/P. O. BOX)		CITY, STATE, ZIP	CODE		
b. If property is leased to an organ	ization other than a church, prov	vide the name, type of c	organization and	frequency of use	; attach additional	
sheets if necessary.		ΛH	ТҮРЕ		FREQUENCY	
NAME			ТҮРЕ		FREQUENCY	
	or the Welfare Exemption. Conta e use of the property or any con ear?	act the Assessor. Instruction commenced escribe: Trented from someone of Ind the type, make, mod	and/or complet else? el, and serial nu	ed on this property umber of the prope	y rty. If the property	
	uld we contact during norma	l business hours for	additional inf			
NAME				TITLE		
DAYTIME TELEPHONE	EMAIL ADDRESS					
	CERTI	FICATION				
	perjury under the laws of the Sta nents or documents, is true, corr		e best of my kn	owledge and belie		
SIGNATURE OF PERSON MAKING CLAIM			TITLE			
NAME OF PERSON MAKING CLAIM						

