EF-263-C-R03-0522-53000028-1 BOE-263-C (P1) REV. 03 (05-22)

CHURCH LESSORS' EXEMPTION CLAIM

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

> NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



Shanna White County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

L	اد	To receive the full exemption, this claim be filed with the Assessor by February	
If you no longer seek an exemption at this location	on, check here 🔲 Sign and return this fo	orm to the Assessor. Date vacated:	
IDENTIFICATION OF APPLICANT LESSOR'S CHURCH OR ORGANIZATION NAME			
MAILING ADDRESS		DA	
CITY, STATE, ZIP CODE			
CORPORATE ID (IF ANY)			
IDENTIFICATION OF PROPERTY	1 // // / /		
ADDRESS OF PROPERTY (NUMBER AND STREET)	7 <i>/V//</i>	FISCAL YEAR OF 20 = 2	
CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER	
The exemption claim is made for the following p	property and the name and add	ress of the lessee)	
PROPERTY TYPE	PRIMARY USE(S)	INCIDENTAL USE	
Land			
Buildings and Improvements			
Personal Property NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION			
MAILING ADDRESS	OCL	CITY, STATE, ZIP CODE	
Yes No The total income received by and usual expenses in mainta	the church in the form of rents, fees, or calling and operating the leased property		rdinary
An affidavit must be attached in	n which the lessee declares it use	es the property for exempt purposes.	
	CERTIFICATION		
I certify (or declare) under penalty of perjury und accompanying statements	der the laws of the State of California that s or documents, is true and correct to the l		ing any
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 PU	IBLIC SCHOOL LESSEE			
MAILING ADDRESS				
CITY, STATE, ZIP CODE				
Check the type of q	ualifying use of the property	· /		
☐ PUBLIC S	CHOOL	☐ STATE UNIVERSITY		
☐ COMMUNITY COLLEGE ☐ UNIVERSITY OF CALIFORNIA		NIA		
☐ STATE CC	LLEGE			
NAME OF CHURCH				
MAILING ADDRESS	 		OA	
CITY, STATE, ZIP CODE				
DATE LEASE SIGNED The following property etc. Attach a separate I	is leased as of January 1 of	SSOR MAY REQUEST A COPY OF THE LEA	SE AGREEMENT g leased, indicate the type, make, model, serial number	
PROPERTY TYPE	DDODEDTY DESCRIPTION			
(REAL OR PERSONAL)				
	D (
☐ Yes ☐ No With r	espect to lessees that are	e political subdivisions of the state, ag the same.	the property is located within the boundaries of the	
sectio If Yes affidav	n 512 of the Internal Rever , a copy of the institution's	nue Code. s most recent tax return filed with	ates unrelated business taxable income as defined in the Internal Revenue Service must accompany this unrelated business taxable income to the bookstore's	
		CERTIFICATION		
		the laws of the State of California that documents, is true and correct to the	t the foregoing and all information hereon, including any best of my knowledge and belief.	
SIGNATURE OF PERSON MAKING CLAIM		DATE		
NAME OF PERSON MAKING CI	_AIM		TITLE	
EMAIL ADDRESS			DAYTIME TELEPHONE ()	

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