EF-263-C-R02-0611-57000230-1 BOE-263-C (P1) REV. 02 (06-11)

## **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)



# YOLO COUNTY COUNTY ASSESSOR

625 Court St, Rm. 104 Woodland, CA 95695 Woodland/Davis (530) 666-8135 West Sacramento (916) 375-6496 Fax (530) 666-8213 assessor@yolocounty.org

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)  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			
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)  CITY, COUNTY, ZIP CODE  ASSESSOR'S PARCEL NUMBER  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	L		To receive the full exemption, this claim must be filed with the Assessor by February 15.
MAILING ADDRESS  CITY, STATE, ZIP CODE  CORPORATE ID (IF ANY)  IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET)  CITY, COUNTY, ZIP CODE  ASSESSOR'S PARCEL NUMBER  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	IDENTIFICATION OF APPLICANT		
CORPORATE ID (IF ANY)  IDENTIFICATION OF PROPERTY  ADDRESS OF PROPERTY (NUMBER AND STREET)  CITY, COUNTY, ZIP CODE  INCIDENTIFICATION OF PROPERTY  ASSESSOR'S PARCEL NUMBER  USE OF PROPERTY  CITY, COUNTY, ZIP CODE  INCIDENTAL USE  PROPERTY TYPE  PRIMARY USE(S)  INCIDENTAL USE	LESSOR'S CHURCH OR ORGANIZATION NAME		
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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	CITY, COUNTY, ZIP CODE		ASSESSOR'S PARCEL NUMBER
	The exemption claim is made for the following p	property: (if there are numerous propertie property and the name and add	es, please atta <mark>ch</mark> a list th <mark>at</mark> clearly identifies the lessee)
		PRIMARY USE(S)	INCIDENTAL USE
	Land		
Buildings and Improvements			
Personal Property  NAME OF QUALIFYING PUBLIC SCHOOL INSTITUTION			
NAME OF GOALIFTING FOREIGN INSTITUTION	NAME OF QUALIFYING FUBER SCHOOL INSTITUTION		_ :
MAILING ADDRESS  CITY, STATE, ZIP CODE	MAILING ADDRESS		CITY, STATE, ZIP CODE
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.	An affidavit must be attached		ses the property for exempt purposes.
CERTIFICATION	I contife (ou de cloue) condeu ne colte e de neutronico		the foresting and all information because including any
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.			
SIGNATURE OF PERSON MAKING CLAIM  DATE	SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM TITLE	NAME OF PERSON MAKING CLAIM		TITLE
EMAIL ADDRESS  DAYTIME TELEPHONE	EMAIL ADDRESS		DAYTIME TELEPHONE

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#### 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  COMMUNITY COLLEGE  STATE COLLEGE  NAME OF CHURCH  MAILING ADDRESS	STATE UNIVERSITY UNIVERSITY OF CALIFORNIA	
CITY, STATE, ZIP CODE		
The following property is leased as of January 1 of this etc. Attach a separate listing if necessary.	MAY REQUEST A COPY OF THE LEASE AGREEMENT	DMMENCEMENT DATE OF LEASE te the type, make, model, serial number,
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION	
☐ Yes ☐ No With respect to lessees that are polexempt government entity leasing the		s located within the boundaries of the
		evenue Service must accompany this
	CERTIFICATION	
I certify (or declare) under penalty of perjury under the accompanying statements or doc	aws of the State of California that the foregoing a uments, is true and correct to the best of my kno	
SIGNATURE OF PERSON MAKING CLAIM		DATE
NAME OF PERSON MAKING CLAIM		TITLE
EMAIL ADDRESS		DAYTIME TELEPHONE ( )

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