CHURCH EXEMPTION

PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP

This claim is filed for fiscal year 2025 - 2026.

JORDAN Z. MARKS, ASSESSOR **INSTITUTIONAL EXEMPTIONS** 1600 PACIFIC HWY., SUITE 103 SAN DIEGO, CA 92101 TELEPHONE: 619-531-5763

NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) FOR ASSESSOR'S USE ONLY

| | Received |
|--|--|
| | Approved |
| | Denied |
| | Reason for denial |
| L | |
| To receive the full exemption, this claim must be filed with the | ne Assessor by February 15. |
| If you no longer seek an exemption at this location, check here ☐ Sign and ret | |
| 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 |
| and claims exemption on all | king purposes necessarily and reasonably required for the religious activity, and which is not at other times used for enue of which does not exceed the ordinary and necessary erty used 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 and infant care centers)? Yes No Note: If the answer is YES to a. or b. above, the property is not eligible for the Church church and used for religious worship, preschool purposes, nursery school purposes, k grade (grades 1 - 12), or for the purposes of both schools of collegiate grade and school Religious Exemption. The Religious Exemption has a "one-time filing" provision and sho | care center includes licensed nursery schools, preschools, Exemption. If the property is both owned and operated by the kindergarten purposes, school purposes of less than collegiate ls of less than collegiate grade, the claimant may qualify for the |

may wish instead to annually file by February 15 for the Welfare Exemption.

| 7. Is the real property listed on this clair | m owned by the church? $\ \ \square$ Yes $\ \ \ $ | ☐ No If NO, state the name | and address of owner: | | |
|---|--|---|--|--|--|
| OWNER NAME | | | | | |
| MAILING ADDRESS (NUMBER AND STREE | ET/P. O. BOX) | CITY, STATE | CITY, STATE, ZIP CODE | | |
| | e church for parking purposes? gregation of the church, religious de /ES, the property, or portion thereof | | | | |
| specifically provide that the church e rental payments, or a refund of such | xemption is taken into account in fix payments, if paid, for each month of | xing the terms of agreement, occupancy (or use), or portion | ment for any leased property does not the church shall receive a reduction in n thereof, during the fiscal year equal to The assessor may request a copy of the | | |
| Are bingo games being operated on each year for the property, or portion | | | e filed with the Assessor by February 15 | | |
| 10. Is any portion of this property being | used for living quarters for any pers | on? If YES, describe that por | tion: Yes No | | |
| Note: Living quarters are not eligib Exemption. Contact the Assessor. 11. Is any portion of this property vacan | - | mptions. Certain living quart | ers may be exempt under the Welfare | | |
| If YES, describe that portion: | | | | | |
| 12. Has any portion of this property beer since 12:01 a.m., January 1 last year | | nd/or operated by some perso | n or organization other than the claimant | | |
| a. If property is leased to another ch CHURCH NAME | urch, provide the name and mailing | address: | | | |
| MAILING ADDRESS (NUMBER AND STRE | ET/P. O. BOX) | CITY, STATE | CITY, STATE, ZIP CODE | | |
| b. If property is leased to an organiz sheets if necessary. | ation other than a church, provide th | ne name, type of organization | and frequency of use; attach additional | | |
| NAME | | TYPE | TYPE FREQUENCY | | |
| NAME | | TYPE | TYPE FREQUENCY | | |
| | | | | | |
| 13. Has there been any change in the since 12:01 a.m., January 1 last year | , , , , | | pleted on this property | | |
| | | | | | |
| | ne and address of the owner and the | type, make, model, and seria | al number of the property. If the property oroperty (attach schedule as necessary): | | |
| Whom should | d we contact during normal bus | iness hours for additional | information? | | |
| NAME TITLE | | | | | |
| DAYTIME TELEPHONE | EMAIL ADDRESS | | | | |
| () | CERTIFICA | ATION | | | |
| | | California that the foregoing a | and all information hereon, including any y knowledge and belief. | | |
| SIGNATURE OF PERSON MAKING CLAIM | | - | TITLE | | |
| NAME OF PERSON MAKING CLAIM | | | | | |