BOE-262-AH (P1) REV. 11 (05-22) CHURCH EXEMPTION PROPERTY USED SOLELY FOR RELIGIOUS WORSHIP		Joaquín Torres Assessor-Recorder 1 Dr. Carlton B. Goodlett Place City Hall - Room 190 San Francisco, CA 94102-4698	
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)			
	Г	FOR ASSESSOR'S USE ONLY	
		Received	
		Approved	
		Denied	
		Reason for denial	
L			
To receive the full exemption, this claim If you no longer seek an exemption at this location, check 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 CLAIMAN	
 and claims exemption on all Land Buildings an 2. Are all buildings and equipment claimed as exempt used sol Yes No 3. Is the land claimed as exempt required for the convenient us Yes No 4. Is all real property used by the church upon which exempt parking of automobiles of persons attending or engaged in commercial purposes? 	e of these buildings? ion is claimed for parking	luding any building in the course of construction?	
 ☐ Yes ☐ No <i>Commercial purposes</i> does not include the parking of vehicl costs of operating and maintaining the property for parking p if the congregation of the church, religious congregation, or s 5. List all uses of the property: 	urposes. Leased property ι	sed for parking purposes is eligible for exemption or	

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DE-262-AH (P2) REV. 11 (05-22)		
Is the real property listed on this claim owned by the church? \Box Yes \Box N	o If NO, state the name and addres	ss of owner:
OWNER NAME		
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
Is leased property, if any, used by the church for parking purposes? ☐ Yes ☐ No If YES, is the congregation of the church, religious denon ☐ Yes ☐ No If YES, the property, or portion thereof, so		mbers?
Note: The benefit of a property tax exemption must inure to the church; if specifically provide that the church exemption is taken into account in fixing rental payments, or a refund of such payments, if paid, for each month of occ one-twelfth of the property taxes not paid during such fiscal year by reason of lease or rental agreement.	the terms of agreement, the church upancy (or use), or portion thereof, d	shall receive a reduction in uring the fiscal year equal to
Are bingo games being operated on this property? If YES, a claim for the W each year for the property, or portion of the property so used, to be exempt.		the Assessor by February 1
0. Is any portion of this property being used for living quarters for any person?	If YES, describe that portion:	es 🗌 No
Note: Living quarters are not eligible for the Church or Religious Exempt Exemption. Contact the Assessor.	ions. Certain living quarters may be	e exempt under the Welfare
 Is any portion of this property vacant and/or unused? Yes No If YES, describe that portion: 		
2. Has any portion of this property been rented to, leased to, or been used and/o since 12:01 a.m., January 1 last year?	r operated by some person or organiz	zation other than the claiman
a. If property is leased to another church, provide the name and mailing add CHURCH NAME	ress:	
MAILING ADDRESS (NUMBER AND STREET/P. O. BOX)	CITY, STATE, ZIP CODE	
b. If property is leased to an organization other than a church, provide the n sheets if necessary.	ame, type of organization and freque	ency of use; attach additiona
NAME	TYPE	FREQUENCY
NAME	ТҮРЕ	FREQUENCY

14. Is any equipment or other property at this location being leased or rented from someone else?

Yes No If YES, list the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for religious worship, please state the other uses of the property (attach schedule as necessary):

Whom should we contact during normal business hours for additional information?

NAME		TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	
()		
	CERTIFICATION	
, , , , ,	rjury under the laws of the State of California that the foregoing nts or documents, is true, correct, and complete to the best of m	
SIGNATURE OF PERSON MAKING CLAIM		TITLE
NAME OF PERSON MAKING CLAIM		DATE

