EF-264-AH-R13-0522-56000068-1 BOE-264-AH (P1) REV. 13 (05-22)

## **COLLEGE EXEMPTION CLAIM**

This claim is filed for fiscal year 20 \_\_\_\_\_ - 20 \_\_\_\_. (Example: a person filing a t imely claim in January 2011 would enter "2011-2012.")



## Keith Taylor Assessor Of Ventura County

800 South Victoria Avenue Ventura, CA 93009-1270 (805) 654-2181 assessor.countyofventura.org

## This claim must be filed by 5:00 p.m., February 15. FOR ASSESSOR'S USE ONLY CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address) Received by \_ (Assessor's designee) (county or city) on (date) If you no longer seek an exemption at this location, check here 🗌 Sign and return this form to the Assessor. Date vacated: NAME OF CLAIMANT DAYTIME TELEPHONE NUMBER TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION DATE PROPERTY WAS FIRST USED BY CLAIMANT 1. Owner and operator: (check applicable boxes) ☐ Owner and operator Claimant is: Owner only Operator only and claims exemption on all □ Land ☐ Buildings and improvements and/or ☐ Personal property 2. Does the above institution qualify as a college or seminary of learning under the laws of the State of California? YES 3. Is the institution conducted as a non-profit entity? YES NO 4. Does the institution require for regular admission the completion of a four-year high school course or its equivalent? YES 5. Does the institution confer upon its graduates at least one academic or professional degree, based on a course of at least two years in liberal arts and sciences, or on a course of at least three years in professional studies, such as law, theology, education, medicine, dentistry, engineering, veterinary medicine, pharmacy, architecture, fine arts, commerce, or journalism? 6. Is the property for which the exemption is claimed used exclusively for the purposes of education? YES

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE		
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN
			LEASE	$\square$ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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	enced and/or been completed on this pES, please explain:	parcel since 12:01 a.m., January 1 of last year?
as defined in section 512 of t  YES NO  If <b>YES</b> , a copy of the institu	he Internal Revenue Code?  ution's most recent tax return filed with	ned a student bookstore that generates unrelated business taxable incom
·		axable income to the bookstore's gross income, will be levied.
	ed above been used for business purp ES, please explain:	poses other than a student bookstore?
11. If any business is operated	by someone other than the college, at	ttach a copy of the lease or other agreement. Please explain:
12. Is any equipment or other p	roperty being leased or rented from so	omeone else?
If <b>YES</b> , list on a separate	exclusively for educational purpose	wner and the type, make, model, and serial number of the property. If the s at the collegiate level, please state the other uses of the property. If re
The benefit of a property ta Taxation Code.	x exemption must inure to the lessee	institution. If taxes paid by the lessor, see section 202.2 of the Revenue ar
	ADDITIONAL REQU	JIRED DOCUMENTATION
<ul> <li>Attach a separate substituted.</li> </ul>	page showing the requirements for	admission. A current catalog showing the requirements may be
	age, or current catalog, listing the deg	grees conferred upon the graduates and the requirements for each
•	e financial statements (balance sheet	and operating statement for the preceding fiscal year.)
Whom	should we contact during norma	al business hours for additional information?
NAME		TITLE
DAYTIME TELEPHONE	EMAIL ADDRESS	l
\ /	CERT	TIFICATION
		ate of California that the foregoing and all information hereon, including ar rrect, and complete to the best of my knowledge and belief.
SIGNATURE OF PERSON MAKING CLAIM		TITLE

DATE



NAME OF PERSON MAKING CLAIM