## **COLLEGE EXEMPTION CLAIM**

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



#### **Richard Ford County Assessor-Recorder** Lake County Courthouse 255 North Forbes Street Lakeport, CA 95453 Assessor's Office Phone: 707-263-2302 Recorder's Office Phone: 707-263-2293 Fax: 707-263-3703

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# This claim must be filed by 5:00 p.m., February 15.

	CLAIMANT NAME AND MAILING ADDRESS					
	(Make necessary corrections to the printed name		F	OR ASSESSOR'	S USE ONLY	r
			Dessitued by			
			Received by	(Assessor's d	designee)	
			of			
	L			(county c	or city)	
		L	on	(dai	te)	
NA	ME OF CLAIMANT			·		
TIT	LE OF CLAIMANT			DA (	AYTIME TELEPH	ONE NUMBER
CO	RPORATE NAME OF THE COLLEGE				,	
AD	DRESS (Street, City, County, State, Zip Code)					
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESC	RIPTION		DATE PROPERTY V	NAS FIRST USE	D BY CLAIMANT
	Owner and operator: <i>(check applicable bc</i> Claimant is: Owner and operator		ly			
	and claims exemption on all	Buildings and improvements	and/or	Personal property		
2.	Does the above institution qualify as a col	lege or seminary of learning under	he laws of the St	ate of California?		
3.	Is the institution conducted as a non-profit	t entity?				
4.	Does the institution require for regular adr	nission the completion of a four-yea	r high school cou	rse or its equivalen	ıt?	
i	Does the institution confer upon its gradual and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu	ree years in professional studies, s	uch as law, theolo			
6.	Is the property for which the exemption is	claimed used exclusively for the p	urposes of educa	tion?		
	YES NO					
	List all buildings and other improvements sheet if necessary. Indicate whether lease					
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDE	NTAL USE	]	
						OWN
						OWN

### THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?           YES         NO         If YES, please explain:						
<ul> <li>9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code?</li> <li>YES NO</li> <li>If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes, as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.</li> </ul>						
10. Has any of the property listed above been used for business purposes other than a student bookstore?						
11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain:						
12. Is any equipment or other property being leased or rented from someone else?						
YES NO If YES, list on a separate sheet 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 educational purposes at the collegiate level, please state the other uses of the property. If real property, provide the name and address of the owner.						
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code.						
ADDITIONAL REQUIRED DOCUMENTATION						
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.</li> </ul>						
<ul> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree.</li> </ul>						
<ul> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)</li> </ul>						
Whom should we contact during normal business hours for additional information?						
NAME						

# DAYTIME TELEPHONE EMAIL ADDRESS CERTIFICATION

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, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

