## **COLLEGE EXEMPTION CLAIM**



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

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

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and	mailing address)				
	Г	Г	F	OR ASSESSOR'	S USE ONLY	,
			Received by _			
				(Assessor's	designee)	
			of	(county of	or city)	
	L	L	on			
				(da	te)	
NA	ME OF CLAIMANT					
TIT	LE OF CLAIMANT			DA (	AYTIME TELEPH	ONE NUMBER
CC	RPORATE NAME OF THE COLLEGE				,	
AD	DRESS (Street, City, County, State, Zip Code)					
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESCRIPT	ION		DATE PROPERTY \	WAS FIRST USE	D BY CLAIMAN I
	Owner and operator: <i>(check applicable boxes</i> Claimant is: Owner and operator	) Owner only Deprator only	y	I		
	and claims exemption on all  Land	Buildings and improvements	and/or	Personal property		
2.	Does the above institution qualify as a college YES NO	e or seminary of learning under th	ne laws of the Sta	te of California?		
3.	Is the institution conducted as a non-profit ent	tity?				
4.	Does the institution require for regular admiss	ion the completion of a four-year	high school cour	se or its equivaler	nt?	
	Does the institution confer upon its graduates a and sciences, or on a course of at least three veterinary medicine, pharmacy, architecture, f	years in professional studies, su	ch as law, theolog			
6.	Is the property for which the exemption is clai	med used exclusively for the pu	rposes of educati	on?		
	YES NO					
	List all buildings and other improvements for washeet if necessary. Indicate whether leased or					
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
					LEASE	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 <b>YES</b> , 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:					
<ul> <li>12. Is any equipment or other property being leased or rented from someone else?</li> <li>YES NO</li> <li>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.</li> </ul>					
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> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)</li> </ul>					
Autor a copy of the inductor statements (balance sheet and operating statement for the preceding iscar year.)					
Whom should we contact during normal business hours for additional information?					
NAME					

## 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



EMAIL ADDRESS

DAYTIME TELEPHONE

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