EF-264-AH-R12-0516-43000734-1 BOE-264-AH (P1) REV. 12 (05-16)

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.")



Lawrence E. Stone Santa Clara County Assessor

Exemptions Unit West Tasman Campus 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-6460 exemptions@asr.sccgov.org www.sccassessor.org

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)						
Γ			F	FOR ASSESSOR'S USE ONLY			
			Received by	(40000	or's designee)		
				(Assess	or's designee)		
			of	(cou	ınty or city)		
L		_	on		(date)		
NAME OF CLAIMANT					(0010)		
TITLE OF CLAIMANT					DAYTIME TELEPHONE NUMBER		
CORPORATE NAME OF THE COLLEGE					/ /		
ADDRESS (Street, City, County, State, Zip Code)							
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION D				DATE PROPER	DATE PROPERTY WAS FIRST USED BY CLAIMANT		
and claims exemption on all Land 2. Does the above institution qualify as a coll YES NO 3. Is the institution conducted as a non-profit YES NO 4. Does the institution require for regular adm YES NO 5. Does the institution confer upon its graduate and sciences, or on a course of at least thr veterinary medicine, pharmacy, architectur YES NO 6. Is the property for which the exemption is a YES NO 7. List all buildings and other improvements of sheet if necessary. Indicate whether leased	Owner only Operator Buildings and improvement ege or seminary of learning under entity? Initially the completion of a four-year at least one academic or professe years in professional studies te, fine arts, commerce, or journal claimed used exclusively for the for which exemption is claimed and or owned. Please use a separate	year sssion, succeptured by succeptu	and/or e laws of the State high school countries law, theology poses of educate the primary claim form for e	d on a course of gy, education, responsible.	alent? of at least two year nedicine, dentistr	y, engineering ch a separate	
BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDEN	TAL USE			
					LEASE	\square OWN	
					LEASE	\square OWN	
					LEASE	\square OWN	
					LEASE		
					LEASE		
					LEASE	\square OWN	

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-264-AH-R12-0516-43000734-2 BOE-264-AH (P2) REV. 12 (05-16)

8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of YES NO If YES , please explain:	of last year?					
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? YES NO 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.						
10. Has any of the property listed above been used for business purposes other than a student bookstor YES NO If YES , please explain:	re?					
11. If any business is operated by someone other than the college, attach a copy of the lease or other ag	greement. 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						
Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted.						
 Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.) 						
Whom should we contact during normal business hours for additional						
NAME	TITLE					
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					

