EF-264-AH-R12-0516-43000510-1 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

LEASE

 $\square$  OWN

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)	FO	OR ASSESSO	R'S USE ONLY	,
		Received by _	(Assesso	r's designee)	
		of			
L			(cour	nty or city)	
		on		(date)	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPHO	ONE NUMBER
CORPORATE NAME OF THE COLLEGE				( )	
ADDDECO (Chart Oit, Count, Otata 7ia Coda)					
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 bo.					
<u> </u>	☐ Owner only ☐ Operator onl		D	at.	
and claims exemption on all	☐ Buildings and improvements		Personal prope	-	
Does the above institution qualify as a coll     YES  NO	ege or seminary of learning under t	he laws of the Sta	te of California?	?	
3. Is the institution conducted as a non-profit    YES  NO	entity?				
Does the institution require for regular adm     YES    NO	nission the completion of a four-yea	r high school cour	se or its equiva	lent?	
5. Does the institution confer upon its graduat 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	claimed used <b>exclusively</b> for the po	urposes of educati	on?		
YES NO					
7. List all buildings and other improvements f sheet if necessary. Indicate whether leased					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	TAL USE		
				LEASE	$\square$ OWN
				LEASE	$\square$ OWN
				LEASE	$\square$ OWN
				LEASE	OWN
				LEASE	$\square$ OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 o YES NO If <b>YES</b> , 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 <b>YES</b> , 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 bookstore YES NO If <b>YES</b> , please explain:	e?				
11. If any business is operated by someone other than the college, attach a copy of the lease or other ag	reement. Please explain:				
12. Is any equipment or other property being leased or rented from someone else?  YES NO					
If <b>YES</b> , 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 <b>used exclusively</b> 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>					
Attach a copy of the financial statements (balance sheet and operating statement for the pred     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.					
	TITLE				
NAME OF PERSON MAKING CLAIM	DATE				

