EF-264-AH-R13-0522-43000091-1 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 J anu would enter "2011-2012.") This claim must be filed by 5:00 p.m., Febru	ary 2011	S E V 1 S F e	Anta Clara C Santa Clara C Exemptions Unit Vest Tasman Car 30 W Tasman Dr 30 W Tasman Dr 30 Jose, CA 951 th: (408) 299-646 xemptions@asr.s www.sccassessor	npus ive 34 0 sccgov.org	sor
CLAIMANT NAME AND MAILING ADDRESS		F	OR ASSESSO	R'S USE ONLY	,
(Make necessary corrections to the printed name an	nd mailing address)	Dessived by			
I	I	Received by	(Assesso	or's designee)	
		of			
			(cour	nty or city)	
	1	on		(date)	
	-			(uarc)	
If you no longer seek an exemption at this locat	tion, check here 🗌 Sign and reti	urn this form to th	e Assessor. Dat	te vacated:	
NAME OF CLAIMANT					
TITLE OF CLAIMANT				DAYTIME TELEPH	ONE NUMBER
				()	
CORPORATE NAME OF THE COLLEGE			I		
ADDRESS (Street, City, County, State, Zip Code)					
ADDITEOS (Street, Ony, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIP	PTION		DATE PROPERT	Y WAS FIRST USE	D BY CLAIMANT
and claims exemption on all	 Owner only Operator onl Buildings and improvements 	and/or	Personal prope	•	
2. Does the above institution qualify as a colleg	ge or seminary of learning under t	he laws of the Sta	ate of California?	?	
3. Is the institution conducted as a non-profit er	ntity?				
4. Does the institution require for regular admis	ssion the completion of a four-yea	r high school cou	rse or its equiva	lent?	
 5. Does the institution confer upon its graduates and sciences, or on a course of at least three veterinary medicine, pharmacy, architecture, YES NO 	e years in professional studies, su	ich as law, theolog			
 Is the property for which the exemption is classical exemption. 	aimed used exclusively for the p	urposes of educat	tion?		
YES NO	annea acca exclusively for the pl				
 List all buildings and other improvements for sheet if necessary. Indicate whether leased 					
BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDEN	ITAL USE		
				LEASE	OWN
					OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

LEASE

LEASE

OWN

OWN



EF-264-AH-R13-0522-43000091-2 BOE-264-AH (P2) REV. 13 (05-22)
8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 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 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?
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 information?

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			

