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.")



Steve J. Bestolarides Assessor-Recorder-County Clerk San Joaquin County 44 N San Joaquin Street Suite 230 Stockton, CA 95202-3273 Exemptions: (209) 468-2646 https://www.sjgov.org/department/assessor

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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	e and mailing address)					
				FOR ASSESSO	R'S USE ONLY	·	
			Received by	,			
			Received by	(Assesso	r's designee)		
			of				
	L	L		(coun	nty or city)		
	_	_	on		(date)		
NA	ME OF CLAIMANT						
TIT	ILE OF CLAIMANT	DAYTIME TELEPHONE NUMBER					
CC	ORPORATE NAME OF THE COLLEGE						
AD	DRESS (Street, City, County, State, Zip Code)						
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION				DATE PROPERT	DATE PROPERTY WAS FIRST USED BY CLAIMANT		
	and claims exemption on all Land	 Owner only Operator onl Buildings and improvements 	and/or	Personal proper	,		
3.	YES NO Is the institution conducted as a non-profit YES NO	t entity?					
4.	Does the institution require for regular adr	mission the completion of a four-yea	r high school co	urse or its equival	ent?		
	Does the institution confer upon its graduat and sciences, or on a course of at least th veterinary medicine, pharmacy, architectu YES NO	ree years in professional studies, su	ich as law, theol				
6.	Is the property for which the exemption is	claimed used exclusively for the pu	urposes of educa	ation?			
	YES NO						
	List all buildings and other improvements sheet if necessary. Indicate whether lease	•					
	BUILDING & IMPROVEMENTS	PRIMARY USE		INTAL USE			
					 □ LEASE		
						—	

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?					
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable incomes 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 Revenu as determined by establishing a ratio of the unrelated business taxable income to the						
10. Has any of the property listed above been used for business purposes other than a stue YES NO If YES , please explain:	udent bookstore?					
11. If any business is operated by someone other than the college, attach a copy of the lea	ase 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 statem	nent 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

