COLLEGE EXEMPTION CLAIM



LEASE

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OWN

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 a	and mailing address)					
			FOR ASSESSOR'S		'S USE ONLY	S USE ONLY	
				Received by _			
					(Assessor'	s designee)	
				of	(count	y or city)	
	L			on			
				011	(0	late)	
NA	ME OF CLAIMANT			<u>I</u>			
TIT	LE OF CLAIMANT						ONE NUMBER
CO	RPORATE NAME OF THE COLLEGE						
AD	DRESS (Street, City, County, State, Zip Code)						
,							
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESCR	IPTION			DATE PROPERTY	WAS FIRST USE	D BY CLAIMANT
2. 3. 4.	Owner and operator: (check applicable box) Claimant is: Owner and operator and claims exemption on all Land Does the above institution qualify as a colle YES NO Is the institution conducted as a non-profit YES NO Does the institution require for regular adm YES NO Does the institution confer upon its graduate and sciences, or on a course of at least three veterinary medicine, pharmacy, architecture YES NO Is the property for which the exemption is on the property for which the property for which the exemption is on the property for which the exemption is on the property for which the property	Owner only Op Buildings and improve ege or seminary of learning entity? Dission the completion of a es at least one academic of ee years in professional s e, fine arts, commerce, or	vements ng under th a four-year or professio tudies, suc journalism	and/or e laws of the Sta high school cour nal degree, base ch as law, theolog	se or its equivale d on a course of a ly, education, me	ent? at least two year	
7	List all buildings and other improvements for	or which exemption is clai	med and s	tate the primary :	and incidental us	e of each Atta	ch a senarate
	sheet if necessary. Indicate whether leased						
	BUILDING & IMPROVEMENTS	PRIMARY USE		INCIDEN	TAL USE		
							OWN
							OWN
							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 YES , please explain:						
 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? 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 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

