

QUALIFIED LESSORS' EXEMPTION CLAIM

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS AND **USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, AND NONPROFIT COLLEGES**

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address)

To receive one time reporting treatment for the exemption, this claim must be filed with the Assessor within 120 days of the commencement date of the lease.

IDENTIFICATION OF APPLICANT

LESSOR'S CORPORATE OR ORGANIZATION NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

CORPORATE ID (IF ANY) _____

IDENTIFICATION OF PROPERTY

ADDRESS OF PROPERTY (NUMBER AND STREET) _____ FISCAL YEAR OF CLAIM 20__ - 20__

CITY, COUNTY, ZIP CODE _____ ASSESSOR'S PARCEL NUMBER _____

USE OF PROPERTY Check and state the primary and incidental qualifying uses of the property.

The exemption claim is made for the following property: (if there are numerous properties, please attach a list that clearly identifies the property and the name and address of the lessee)

PROPERTY TYPE	PRIMARY USE	INCIDENTAL USE
<input type="checkbox"/> Land		
<input type="checkbox"/> Buildings and Improvements		
<input type="checkbox"/> Personal Property		

- Yes No The lease confers upon the lessee the exclusive right to possession and use of the property.
- Yes No As used herein a qualifying institution is one whose property qualifies for the free public library, free museum, public school, community college, state college, state university, University of California, or nonprofit college property tax exemption.
- Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.

Important: A lessee's affidavit, in which the lessee attests to the above statement(s) is provided. Failure to submit/complete the lessee's affidavit will result in denial of one time reporting treatment for the exemption. A separate affidavit is required of each lessee.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information herein, including any accompanying statements or materials, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
EMAIL ADDRESS	DAYTIME TELEPHONE ()

RETURN THIS
AFFIDAVIT TO
LESSOR

AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE

NAME OF QUALIFYING LESSEE INSTITUTION _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

- Check the type of qualifying use of the property
- FREE PUBLIC LIBRARY
 - FREE MUSEUM
 - PUBLIC SCHOOL
 - COMMUNITY COLLEGE
 - STATE COLLEGE
 - STATE UNIVERSITY
 - UNIVERSITY OF CALIFORNIA
 - NONPROFIT COLLEGE

NAME OF LESSOR _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

COMMENCEMENT DATE OF LEASE _____ DATE PROPERTY PUT TO EXEMPT USE _____

PLEASE ATTACH A COPY OF THE LEASE AGREEMENT

The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.

PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION

Yes No The lessee institution has the option at the end of the lease term of acquiring the above property described in the lease for \$1 (one dollar) or any other nominal sum.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information herein, including any accompanying statements or materials, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	DATE
NAME OF PERSON MAKING CLAIM	TITLE
EMAIL ADDRESS	DAYTIME TELEPHONE ()