LESSORS' EXEMPTION CLAIM

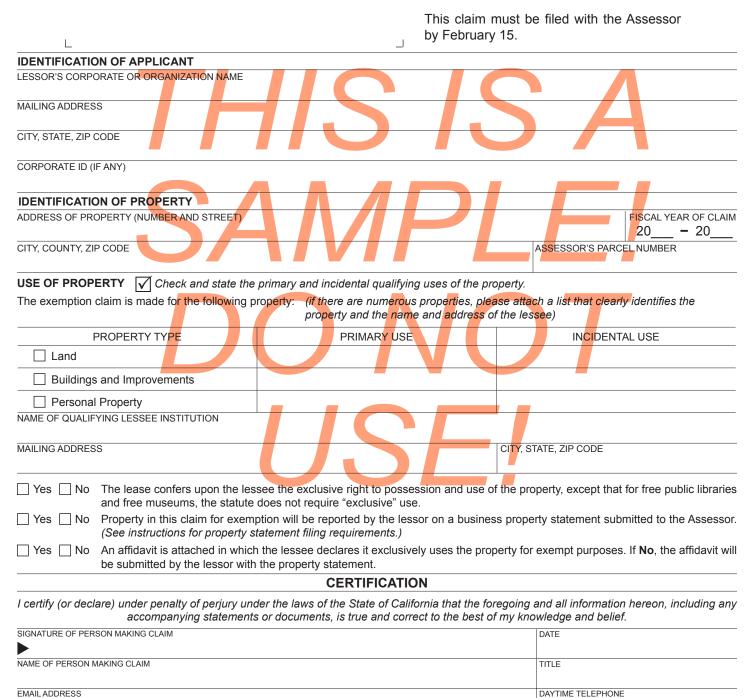
PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS, AND PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, CHURCHES, AND NONPROFIT COLLEGES



Howard LaHaie Humboldt County Assessor 825 Fifth ST Eureka, CA 95501-1153 Phone: (707) 445-7276

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)



EMAIL ADDRESS

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INSTRUCTIONS FOR FILING LESSORS' EXEMPTION CLAIM

IMPORTANT NOTICE

A qualifying institution is one whose property is **used for** free public libraries and free museums, and for property **used exclusively for** public schools, community colleges, state colleges, state universities, University of California, churches, and nonprofit colleges.

Failure to submit the lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the claim form is due (for taxpayers not required to file a property statement) or after the last day for filing the lessor's property statement without penalty under section 463 of the Revenue and Taxation Code (for taxpayers required to file a property statement) will result in a portion of the exemption being denied. A Lessee's Affidavit is not required for free public library or free museum exemption.

A sample affidavit is included as page 3 of this form.

IDENTIFICATION OF APPLICANT

Enter your company or organization information.

FISCAL YEAR

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2017 would enter "2017-2018" on line five of the claim; a "2016-2017" entry on a claim filed in February 2017 would signify that a late claim was being filed for the preceding fiscal year. The lease must be in effect and the property in use on lien date of the fiscal year for which the exemption is sought. Lessors' Exemptions cannot be prorated based on the commencement date of the lease.

USES OF PROPERTY

Check each of the types of property being claimed, and state the primary and incidental uses of the property.

Enter the name and address of the lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Confirm, by checking the appropriate box, that the lease confers upon the lessee the **exclusive** right to possession and use of the property, except for free public libraries and free museums.

Check the appropriate box regarding property statement reporting. If you own taxable personal property in any county whose aggregate cost is \$100,000 or more for any assessment year, you must file a property statement with the Assessor of that county whether or not specifically requested to do so. Any person not otherwise required to file a statement shall do so upon request of the Assessor, regardless of aggregate cost.

Check the appropriate box to indicate whether the affidavit is attached or will be submitted with the property statement.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.

PROPERTY TAX BENEFITS

Property tax benefits claimed herein must be passed on to the lessee in the form of:

- (1) Reduction in rental payments (sections 202.2 and 206.2, Revenue and Taxation Code).
- (2) Refund of rental payments, if paid (sections 202.2 and 206.2, Revenue and Taxation Code).
- (3) Claim by lessee under the provisions of section 5096, Revenue and Taxation Code, for a refund of taxes paid by a lessor (section 202.2, Revenue and Taxation Code).

Note: Where the lessee files a claim for an exemption and reports leased property, such property will be allowed the exemption if used in an exempt manner.



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TURN THIS			
FIDAVIT TO SSOR	AFFIDAVIT FOR	EXECUTION BY QUALIFYING INSTITU	TIONAL LESSEES
NAME OF QUALIFY	ING LESSEE INSTITUTION		
MAILING ADDRESS	;		
CITY, STATE, ZIP CO	DDE		
Check the typ	pe of qualifying exclusive use	of the property	
		STATE UNIVERSITY	NONPROFIT COLLEGE
COMMUNITY COLLEGE		UNIVERSITY OF CALIFORNIA	
STA	TE COLLEGE		
NAME OF LESSOR			
MAILING ADDRESS			
CITY, STATE, ZIP CO	DDE		
COMMENCEMENT DATE OF LEASE		DATE PROPERTY F	PUT TO EXEMPT USE
	arate listing if necessary.	PLEASE ATTACH A COPY OF THE LEASE AGREEME 1 of this year. If personal property is being lease PROPERTY DESCRIPTION	d, indicate the type, make, model, serial number,
	D	OM	\mathcal{T}
	If Yes , is the congregation of t If Yes , the property or portion	n, or a portion thereof, is used by a church for particle church, religious denomination, or sect greater thereof so used is not eligible for exemption.	er th <mark>a</mark> n 500 members? 🗌 Yes 🗌 No
	512 of the Internal Revenue C If Yes , a copy of the institutio	Code. n's most recent tax return filed with the Internal	ted business taxable income as defined in section Revenue Service must accompany this affidavit. siness taxable income to the bookstore's gross
		CERTIFICATION	
l understand the	t the lessor has filed for a pro	nerty tax exemption on the above property lease	d to this institution and that any benefit from the

I understand that the lessor has filed for a property tax exemption on the above property leased to this institution, and that any benefit from the exemption must go to this institution by way of a reduction in rental payments or a refund in an amount equal to the reduction in taxes. 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 and correct to the best of my knowledge and belief.

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EMAILADDRESS	DAYTIME TELEPHONE
NAME OF PERSON MAKING CLAIM	TITLE
SIGNATURE OF PERSON MAKING CLAIM	DATE

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