## **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



Claude Parrish Orange County Assessor Civic Center Plaza, Building 11 625 N. Ross Street, Room 142 P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779 www.ocgov.com/assessor

	ND MAILING ADDRESS ecessary corrections to the printed name and mailing	g address)			
L		L	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.		
<b>IDENTIFICATION O</b>	F APPLICANT				
LESSOR'S CORPO	DRATE OR ORGANIZATION NAME				
MAILING ADDRES	S		I.N.A		
CITY, STATE, ZIP					
CORPORATE ID (	IF ANY)				
<b>IDENTIFICATION O</b>	F PROPERTY				
	OPERTY (NUMBER AND STREET)		FISCAL YEAR OF CLAIM 20 20		
CITY, COUNTY, ZI	PCODE		ASSESSOR'S PARCEL NUMBER		
<b>USE OF PROPERTY</b> 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)					
		PRIMARY USE	INCIDENTAL USE		
Land					
Buildings	s and Improvements				
Persona	I Property				
🗌 Yes 🗌 No	The lease confers upon the lessee	the exclu <mark>si</mark> ve right to possess	sion and use of the property.		
🗌 Yes 🗌 No	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	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 hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.				
SIGNATURE OF PERSON MAKING CLAIM	DATE			
NAME OF PERSON MAKING CLAIM	TITLE			
EMAIL ADDRESS	DAYTIME TELEPHONE ( )			

## THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



## **RETURN THIS** AFFIDAVIT TO LESSOR

## A FEIDAVIT FOR EXECUTION BY OUAL LEVING INSTITUTIONAL LESS

AFFIDAVIT FO	R EXECUTION BY QUALIFYING INSTITU	JTIONAL LESSEE			
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
$\checkmark$ Check the type of qualifying use of the pro-	operty				
FREE PUBLIC LIBRARY	COMMUNITY COLLEGE	UNIVERSITY OF CALIFORNIA			
FREE MUSEUM	STATE COLLEGE	NONPROFIT COLLEGE			
PUBLIC SCHOOL	STATE UNIVERSITY				
NAME OF LESSOR					
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
COMMENCEMENT DATE OF LEASE	DATE PROPERTY PUT	TO EXEMPT USE			
etc. Attach a separate listing if necessary.	y 1 o <mark>f th</mark> is <mark>ye</mark> ar. If person <mark>al</mark> property is being le <mark>as</mark> e	d, indicate the type, make, model, serial number,			
etc. Attach a separate listing if necessary.	y i or mis year. Il personal property is being lease	d, indicate the type, make, model, senai number,			
PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION				
	UUL				
Yes No The lessee institution has th (one dollar) or any other non	e option at the end of the lease term of acquiring ninal sum.	the above property described in the lease for \$1			
CERTIFICATION					

l 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.						
	DATE					

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

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