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. | | |
| IDENTIFICATION O | F APPLICANT | | | | |
| LESSOR'S CORPO | DRATE OR ORGANIZATION NAME | | | | |
| MAILING ADDRES | S | | I.N.A | | |
| CITY, STATE, ZIP | | | | | |
| CORPORATE ID (| IF ANY) | | | | |
| IDENTIFICATION O | F PROPERTY | | | | |
| | OPERTY (NUMBER AND STREET) | | FISCAL YEAR OF CLAIM 20 20 | | |
| CITY, COUNTY, ZI | PCODE | | 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) | | | | | |
| | | 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 | | | | |
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| | | | | | |
| 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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