	COUNT	Lawrence E. Stone
-264-AH-R13-0522-43000070-1	H. SHILL OF	Santa Clara County Assessor
BOE-264-AH (P1) REV. 13 (05-22)	*	Exemption Division
COLLEGE EXEMPTION CLAIM	C. A.	70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110
This claim is filed for fiscal year 20 20	VTA CLA	Ph: (408) 299-6460 FAX: (408) 271-8812
(Example: a person filing a t imely c laim in January 2011 would enter "2011-2012.")		exemptions@asr.sccgov.org www.sccassessor.org
This claim must be filed by 5:00 p.m., February 15.		
CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)		FOR ASSESSOR'S USE ONLY
Γ	□ Receive	d by(Assessor's designee)
		(Assessor's designee)
	of	(county or city)
		(
L	on	(date)
If you no longer seek an exemption at this location, check here	Sign and return this form	to the Assessor. Date vacated:
NAME OF CLAIMANT		
TITLE OF CLAIMANT		
CORPORATE NAME OF THE COLLEGE		
ADDRESS (Street, City, County, State, Zip Code)		
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes)		
Claimant is: Owner and operator Owner only	Operator only	
and claims exemption on all Land Duildings and	l improvements and/or	Personal property
2. Does the above institution qualify as a college or seminary of	learning under the laws of the	ne State of California?
YES NO		
3. Is the institution conducted as a non-profit entity?		
YES NO		
4. Does the institution require for regular admission the complet	ion of a four-year high schoo	bl course or its equivalent?
YES NO		
5. Does the institution confer upon its graduates at least one acad		
and sciences, or on a course of at least three years in profess		heology, education, medicine, dentistry, engineering,
veterinary medicine, pharmacy, architecture, fine arts, comme	erce, or journalism?	
YES NO		
6. Is the property for which the exemption is claimed used exclu	usively for the purposes of e	ducation?

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YES NO

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7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			OWN
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

-264-AH-R13-0522-43000070-2 BOE-264-AH (P2) REV. 13 (05-22)		
8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of YES NO If YES, please explain:	last year?	
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generat 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 		
as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gro		
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 agree	eement. 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, an property listed is not used exclusively for educational purposes at the collegiate level, please state 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, Taxation Code.	see section 202.2 of the Revenue and	
 Attach a separate page showing the requirements for admission. A current catalog showin substituted. Attach a separate page, or surrent catalog, listing the degrees service addition to a service of the service service addition. 		
 Attach a separate page, or current catalog, listing the degrees conferred upon the graduates at degree. Attach a copy of the financial statements (balance sheet and operating statement for the precedence) 		
Whom should we contact during normal business hours for additional i	nformation?	
NAME	TITLE	
DAYTIME TELEPHONE EMAIL ADDRESS	1	
CERTIFICATION		
l certify (or declare) under penalty of periury under the laws of the State of California that the foregoing and all information hereon, including any		

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

SIGNATURE OF PERSON MARING CEAIM	IIILE
NAME OF PERSON MAKING CLAIM	DATE

