

EMAILADDRESS	DAYTIME TELEPHONE
NAME OF PERSON MAKING CLAIM	TITLE
	5,42

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INSTRUCTIONS FOR FILING CHURCH LESSORS' EXEMPTION CLAIM

IMPORTANT NOTICE

This claim may be filed to claim the welfare exemption on property leased by a church to a public school, community college, state college, state university, including the University of California when the church and public school or college both use the property in a joint manner. (See Revenue and Taxation Code section 214.6.)

Although the church has previously been granted the religious exemption, which only requires a one-time filing, annual filing of this claim form is required for a property used in conjunction with a public school to be granted the welfare exemption.

Failure to submit the public school or college lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the lessors' claim form is due will result in a portion of the exemption being denied. A sample affidavit is included as page 3 of this form.

IDENTIFICATION OF APPLICANT

Enter your church, corporate or organization information.

IDENTIFICATION OF PROPERTY

Enter the address of the property for which you are seeking exemption.

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 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

USES OF PROPERTY

Check each of the types of property being claimed, and state the primary and incidental uses of the property. Primary use may include both church and school use; incidental uses would include others who use the property for meetings, receptions, etc.

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

Check the appropriate box to affirm that the total income received by the church in the form of rents, fees, or charges from the lease does not exceed the ordinary and usual expenses in maintaining and operating the leased property. The exemption is not available if the income exceeds the ordinary and usual expenses in maintaining and operating the leased property.

Attach an affidavit in which the public school or college lessee declares it uses the property for exempt purposes.

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.



RETURN THIS AFFIDAVIT TO LESSOR AFFIDAVIT FOR EXECUTION BY QUALIFYING PUBLIC SCHOOL LESSEES

NAME OF QUALIFYI	NG PUBLIC SCHOOL LESSEE		
MAILING ADDRESS			
CITY, STATE, ZIP CC	DDE		
Check the typ	e of qualifying use of the prope	rty	
	LIC SCHOOL	STATE UNIVERSITY	
COMMUNITY COLLEGE UNIVERSITY OF CALIFORNIA			
STAT			
NAME OF CHURCH			
MAILING ADDRESS			
CITY, STATE, ZIP CO	DDE		
DATE LEASE SIGNE	THE ASS perty is leased as of January 1	SESSOR MAY REQUEST A COPY OF THE LEASE AGREEN of this year. If personal property is being leased, in	
	arate listing if necessary.		
PROPERTY TYP (REAL OR PERSO		PROPERTY DESCRIPTION	
	D	O NC	
	With respect to lessees that a	are political subdivisions of the state, the proper	erty is located within the boundaries of the
Yes No T s li a	The property, or a portion there section 512 of the Internal Rev f Yes , a copy of the institutio	eof, is a student bookstore that generates unrela	al Revenue Service must accompany this
		CERTIFICATION	
I certify (or declar		er the laws of the State of California that the foregory or documents, is true and correct to the best of m	
SIGNATURE OF PERSC	DN MAKING CLAIM		DATE
NAME OF PERSON MA	KING CLAIM		TITLE
EMAIL ADDRESS			DAYTIME TELEPHONE ()

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