

**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

NAME AND MAILING ADDRESS  
(Make necessary corrections to the printed name and mailing address)

Form fields for name and mailing address, including lines for first and last names.

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 OF APPLICANT**

LESSOR'S CORPORATE OR ORGANIZATION NAME  
MAILING ADDRESS  
CITY, STATE, ZIP CODE  
CORPORATE ID (IF ANY)

**IDENTIFICATION OF PROPERTY**

ADDRESS OF PROPERTY (NUMBER AND STREET) FISCAL YEAR OF CLAIM  
20\_\_ - 20\_\_  
CITY, COUNTY, ZIP CODE 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)

Table with 3 columns: PROPERTY TYPE, PRIMARY USE, INCIDENTAL USE. Rows include Land, Buildings and Improvements, and Personal Property.

- Yes  No The lease confers upon the lessee the exclusive right to possession and use of the property.
- 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 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 ( )

RETURN THIS  
AFFIDAVIT TO  
LESSOR

**AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEE**

NAME OF QUALIFYING LESSEE INSTITUTION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

Check the type of qualifying use of the property

<input type="checkbox"/> FREE PUBLIC LIBRARY	<input type="checkbox"/> COMMUNITY COLLEGE	<input type="checkbox"/> UNIVERSITY OF CALIFORNIA
<input type="checkbox"/> FREE MUSEUM	<input type="checkbox"/> STATE COLLEGE	<input type="checkbox"/> NONPROFIT COLLEGE
<input type="checkbox"/> PUBLIC SCHOOL	<input type="checkbox"/> STATE UNIVERSITY	

NAME OF LESSOR \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

DATE LEASE SIGNED \_\_\_\_\_ COMMENCEMENT DATE OF LEASE \_\_\_\_\_

**THE ASSESSOR MAY REQUEST A COPY OF THE LEASE AGREEMENT**

The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number, etc. Attach a separate listing if necessary.

PROPERTY TYPE (REAL OR PERSONAL)	PROPERTY DESCRIPTION

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.

**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 (    )