BOE-263-A (P1) REV. 06 (06-12)

# 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


Don H. Gaekle
**Stanislaus County Assessor**

1010 Tenth Street, Suite 2400
Modesto, CA 95354-0863
Phone: (209) 525-6461 • Fax: (209) 525-6586
www.stancounty.com/assessor


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

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)*

| PROPERTY TYPE | PRIMARY USE | INCIDENTAL USE |
|---|---|---|
| ☐ Land | | |
| ☐ Buildings and Improvements | | |
| ☐ 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 ( )

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

BOE-263-A (P2) REV. 06 (06-12)

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*

- ☐ FREE PUBLIC LIBRARY
- ☐ FREE MUSEUM
- ☐ PUBLIC SCHOOL
- ☐ COMMUNITY COLLEGE
- ☐ STATE COLLEGE
- ☐ STATE UNIVERSITY
- ☐ UNIVERSITY OF CALIFORNIA
- ☐ NONPROFIT COLLEGE

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 |
|---|---|
| | |
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☐ 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 ( ) |

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**