EF-264-AH-R13-0522-42000092-1 BOE-264-AH (P1) REV. 13 (05-22) COLLEGE EXEMPTION CLAIM This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")	CHLIFORMUP	Joseph E. Holland County Clerk, Recorder and Assessor P.O. Box 159 Santa Barbara, CA 93102-0159 Santa Barbara: (805) 568-7899 Santa Maria: (805) 346-8310
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) Image: Comparison of the printed name and mailing address of the printed name and the printed na		red by
If you no longer seek an exemption at this location, check here NAME OF CLAIMANT TITLE OF CLAIMANT CORPORATE NAME OF THE COLLEGE	Sign and return this for	DAYTIME TELEPHONE NUMBER
ADDRESS (Street, City, County, State, Zip Code) ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION 1. Owner and operator: (check applicable boxes) Claimant is: Owner and operator Owner only	□ Operator only	DATE PROPERTY WAS FIRST USED BY CLAIMANT
 and claims exemption on all Land Buildings and 2. Does the above institution qualify as a college or seminary of YES NO 3. Is the institution conducted as a non-profit entity? YES NO 	d improvements and/or f learning under the laws of	
 4. Does the institution require for regular admission the complet YES NO 5. Does the institution confer upon its graduates at least one acade and sciences, or on a course of at least three years in professive terinary medicine, pharmacy, architecture, fine arts, commendation YES NO 6. Is the property for which the exemption is claimed used exclusion 	demic or professional degre sional studies, such as law, erce, or journalism?	e, based on a course of at least two years in liberal arts theology, education, medicine, dentistry, engineering,

- YES NO
- 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

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

OE-264-AH (P2) REV. 13 (05-22)	
B. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., Januar YES NO If YES , please explain:	ry 1 of last year?
 Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that ge 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 as determined by establishing a ratio of the unrelated business taxable income to the bookstore 	must accompany this claim. Property taxes,
0. Has any of the property listed above been used for business purposes other than a student book	
1. If any business is operated by someone other than the college, attach a copy of the lease or othe	er agreement. Please explain:
 2. 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, more property listed is not used exclusively for educational purposes at the collegiate level, please 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 la Taxation Code.	essor, see section 202.2 of the Revenue and
Attach a separate page showing the requirements for admission. A current catalog s	showing the requirements may be
 substituted. Attach a separate page, or current catalog, listing the degrees conferred upon the gradu. 	ates and the requirements for each
 degree. Attach a copy of the financial statements (balance sheet and operating statement for the 	e preceding fiscal year.)
	and information 2
Whom should we contact during normal business hours for addition	
DAYTIME TELEPHONE EMAIL ADDRESS	
)	
CERTIFICATION	

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

