



**JEFFREY PRANG**  
ASSESSOR

COUNTY OF LOS ANGELES • OFFICE OF THE ASSESSOR  
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Si desea ayuda en Español, llame al número 213.974.3211

**CLAIM FOR VETERANS' ORGANIZATION EXEMPTION**

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15, or within 30 days of the date of Notice of Supplemental Assessment, whichever comes first.

**IDENTIFICATION OF APPLICANT**

|   |                           |   |
|---|---------------------------|---|
| NAME OF ORGANIZATION  | CORPORATE ID NO. (IF ANY) | CHECK IF CHANGED WITHIN THE LAST YEAR   |
| MAILING ADDRESS (NUMBER AND STREET)   |                           | <input type="checkbox"/> Mailing address  |
| CITY, STATE, ZIP CODE   |                           | <input type="checkbox"/> Corporate name   |
| ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC) NUMBER   |                           | <input type="checkbox"/> Organization's formative document (amendment to articles of incorporation, constitution, trust instrument, articles of organization) |
| Provide a copy of the certificate issued by the State Board of Equalization (Board), and a copy of the finding sheet issued by the Board. |                           |   |

If you do not have an OCC, have you filed a claim for an OCC with the Board?  Yes  No  
**If No, see instructions for obtaining an OCC.**

**PRIOR YEAR FILINGS**

Has the organization filed for the welfare exemption in this county in prior years?  Yes  No If Yes, state latest year filed: \_\_\_\_\_  
Exact name of organization under which filed: \_\_\_\_\_

**IDENTIFICATION OF PROPERTY**

|   |  |  |
|---|--|--|
| 1. ADDRESS OF PROPERTY (NUMBER AND STREET)  |  | CITY, STATE, ZIP CODE  |
| 2. IS THIS A NEW LOCATION THIS YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No                             | 3. WHEN WAS THE PROPERTY PUT TO EXEMPT USE? (MM/DD/YYYY) | 4. FISCAL YEAR OF CLAIM (SEE INSTRUCTIONS) 20 ____ - 20 ____ |
| 5. <b>REAL PROPERTY.</b> IF CLAIMING AN EXEMPTION FOR REAL PROPERTY, ON WHAT DATE WAS THE PROPERTY ACQUIRED? (MM/DD/YYYY) |  | ASSESSOR'S PARCEL NUMBER                                     |

5. (a) **LAND.** IF SEEKING AN EXEMPTION ON LAND, PROVIDE THE FOLLOWING:  
(1) AREA IN ACRES OR SQUARE FEET

(2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED

5. (b) **BUILDING OR IMPROVEMENTS.** IF SEEKING AN EXEMPTION ON BUILDINGS OR IMPROVEMENTS, PROVIDE THE FOLLOWING:  
(1) BUILDING NUMBER OR NAME, NUMBER OF FLOORS, TYPE OF CONSTRUCTION

(2) PRIMARY AND INCIDENTAL USE OF THE PROPERTY DESCRIBED

5. (c) **PERSONAL PROPERTY.** PERSONAL PROPERTY IS EXEMPT UNDER REVENUE AND TAXATION CODE SECTION 215. IT IS NOT NECESSARY TO LIST PERSONAL PROPERTY OWNED BY THE ORGANIZATION.

**6. OWNER AND OPERATOR. (CHECK AS APPLICABLE)**

CLAIMANT IS:  OWNER AND OPERATOR  OWNER ONLY  OPERATOR ONLY  
AND CLAIMS EXEMPTION ON ALL:  LAND  BUILDINGS AND IMPROVEMENTS

IF PERSONS OR ORGANIZATIONS OTHER THAN THE CLAIMANT USE THIS PROPERTY, PLEASE PROVIDE ON AN ATTACHED LIST THE NAME OF THE USER, FREQUENCY OF USE, AND SQUARE FOOTAGE USED.

|   |   |                            |
|---|---|----------------------------|
| <p><b>FOR ASSESSOR'S USE ONLY</b></p> <p>Received by _____<br/>(Assessor's designee)</p> <p>of _____ on _____<br/>(county or city) (date)</p> | <p><b>Whom should we contact during normal business hours for additional information?</b></p> <p>NAME _____</p> |                            |
|   | <p>DAYTIME PHONE NUMBER _____<br/>( )</p>   | <p>EMAIL ADDRESS _____</p> |

**USE OF PROPERTY**

**7. LEASED OR RENTED SINCE JANUARY 1 OF PRIOR YEAR.**

(a) Is any portion of the property described rented, leased, or being used or operated part time or full time by some other person or organization?

Yes  No

If **Yes**, describe that portion and its use and attach a copy of the agreement, and list the amount received by claimant.

(b) Is any equipment or other property at this location being leased, rented, or consigned from someone else?

Yes  No

If **Yes**, list equipment and other property at this location that is being leased, rented, or consigned to the claimant. Please list the name and address of lessor or consignor and the quantity and description of the property, and attach to the claim. Property so listed is not subject to the exemption, and will be assessed by the Assessor if owned by a taxable entity.

**8. SALE OF PERSONAL PROPERTY SINCE JANUARY 1 OF PRIOR YEAR.**

Is any portion of the property used to operate a store, thrift shop, restaurant, bar, or other facility making sales to members or the general public?

Yes  No

If **Yes**, (1) list the hours per week the business is operated and; (2) describe the nature of articles sold:

**9. EXPANSION.**

Do you contemplate any capital investment in the property within the next year?

Yes  No

If **Yes**, explain:

**10. PLEASE CHECK THE FOLLOWING, IF APPLICABLE:**

- The property is owned by a veterans' organization which has been chartered by the Congress of the United States.
- The property is used for the actual operation of the charitable activity.
- The property is not used or operated by the owner or by any other person so as to benefit any officer, trustee, director, shareholder, member, employee, contributor, or bondholder of the owner or operator, or any other person, through the distribution of profits, payment of excessive charges or compensations, or the more advantageous pursuit of the business or profession.
- The property is not used by the owners or members for fraternal or lodge purposes, or for social club purposes except where such use is clearly incidental to a primary charitable purpose.

**11. FINANCIAL STATEMENTS RELATING EXCLUSIVELY TO THIS PROPERTY'S LOCATION.**

Attach to this claim a copy of your operating statement (income, expenses) and balance sheet (assets, liabilities) for the calendar or fiscal year immediately preceding the claim year.

**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, correct and complete to the best of my knowledge and belief.*

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