## DISABLED PERSONS CLAIM FOR TRANSFER OF BASE YEAR VALUE TO REPLACEMENT DWELLING (INTRACOUNTY AND INTERCOUNTY, WHEN APPLICABLE)

Include form BOE-62-A, *Certificate of Disability*, when filing this form. You may also qualify for exclusion from reassessment for new construction which makes an existing dwelling more accessible to a severely and permanently disabled person who is a permanent resident of the dwelling. Contact your Assessor's office for further information and a copy of BOE-63, *Disabled Persons Claim for Exclusion of New Construction.* 

## A. REPLACEMENT DWELLING

C. CLAIMANT INFORMATION (please print)          NAME OF CLAIMANT       SOCIAL SECURITY NUMBER         NAME OF SPOUSE (provide if the spouse is a record owner of the replacement dwelling)       SOCIAL SECURITY NUMBER         Have either you or your spouse previously been granted relief under section 69.5 because of age?       Yes         Have either you or your spouse previously been granted relief under section 69.5 because of age?       Yes         No       If yes, what is the initial date of disability as determined by a physician?	ASSESSOR'S PARCEL NUMBER	RECORDER'S DOCUMENT NUMBER
\$	DATE OF PURCHASE	DATE OF COMPLETION OF NEW CONSTRUCTION
PROPERTY ADDRESS ( <i>street. obj. county</i> )  Is the new construction described above the result of new construction performed on a replacement dwelling which has already been granted the benefit under section 68.5 within the past two years?  Pres		COST OF NEW CONSTRUCTION
Is the new construction described above the result of new construction performed on a replacement dwelling which has already been granted the benefit under section 69.5 within the past two years?   Yes   No   If yes, what was the date of your original claim?  B. ORIGINAL (FORMER) PROPERTY  ASSESSOR'S PARCEL NUMBER  DATE OF SALE  PROPERTY ADDRESS (street, ed), country  Was this property your principal place of residence?   Yes   No    Note: When applicable, if the property is located in a different country from that of the replacement property, you must attach a copy of the original property is located in a different country from that of the replacement property, you must attach a copy of the original property is located in a different country from that of the replacement property, you must attach a copy of the original property is located in a different country from that of the replacement property, you must attach a copy of the original property is located the last tax bill and any supplemental fax bill(s) issued before the date of sale. Also, was there any new construction to this property since the last tax bills on before the date of sale?   Yes   No   If yes, please explain:  Was this property substantially damaged or destroyed by misfortune or calamity (not a Governor-declared disaster) and sold in its damaged state?   Yes   No   If yes, what was the date of the misfortune or calamity?  C. CLAIMANT INFORMATION (please print)  NAME OF SPOUSE (provide <i>f</i> the spouse is a record owner of the rebecement diveling)  RAME OF SPOUSE (provide <i>f</i> the spouse is a record owner of the rebecement diveling)  SIGNATURE OF SPOUSE  No    Yes, under you under the laws of the state of claifornia that: (1) as a claimant/occupant. If we occupy the replacement diveling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief.  SIGNATURE OF SPOUSE  No    Yes = No    DATE    DATE    DATE    DATE    DATE	\$	\$
under section 69.5 within the past two years?   Yes   No If yes, what was the date of your original claim?  B. ORGINAL (FORMER) PROPERTY ASSESSOR'S PARCEL NUMBER  DATE OF SALE  PROPERTY ADDRESS (weet, city, county)  Was this property your principal place of residence?   Yes   No Did this property your principal place of residence?   Yes   No Did this property transfer to your parent(s), child(ren) or grandchild(ren)?   Yes   No Note: When applicable, if the property is located in a different county from that of the replacement property, your must attach a copy of the original property's latest tax bill and any supplemental tax bill(s) issued before the date of sale. Also, was there any new construction to this property since the late at the list and before the date of sale?   Yes   No If yes, please explain: C. CLAIMANT INFORMATION (please print) NAME OF SHOUSE (provide if the spouse is a record owner of the replacement dwelling) NAME OF SHOUSE (provide if the spouse is a record owner of the replacement dwelling) NAME OF CLAIMANT NAME OF CLAIMANT NAME OF SHOUSE (provide if the spouse is a record owner of the replacement dwelling) NAME OF CLAIMANT NAME OF SHOUSE (provide if the spouse is a record owner of the replacement dwelling) NAME OF SHOUSE (provide if the spouse is a record owner of the replacement dwelling) NAME OF SHOUSE (provide if the spouse is a record owner of the replacement dwelling) NAME OF SHOUSE (provide if the spouse is a record owner of the replacement dwelling) NAME OF SHOUSE (provide if the base of the State of Claiffornia that: (1) as a claimant/occupant I/we occupy the replacement dwelling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief. SIGNATURE OF SPOUSE Nome PHONE NUMBER NOME PHONE NUMBER NOME OF CLAIMANT NOME OF CLAIMANT NOME OF SPOUSE Nome PHONE NUMBER NOME OF CLAIMANT NOME OF SPOUSE Nome PHONE NUMBER NOME OF SPOUSE Nome PHONE NUMBER NOME OF SPOUSE Nome	PROPERTY ADDRESS (street, city, county)	
B. ORIGINAL (FORMER PROPERTY ASSESSORS PARCEL NUMBER DATE OF SALE PROPERTY ADDRESS (dreed. dry. county) Was this property your principal place of residence?   Yes   No Did this property transfer to your parent(s), child(ren) or grandchild(ren)?   Yes   No Note: When applicable, if the property is located in a different county from that of the replacement property. you must attach a copy of the original property's latest tax bill and any supplemental tax bill(s) issued before the date of sale. Also, was there any new construction to this property since the last tax bill(s) and before the date of sale?   Yes   No If yes, please explain: Was this property substantially damaged or destroyed by misfortune or calamity (not a Governor-declared disaster) and sold in its damaged state?   Yes   No   If yes, what was the date of the misfortune or calamity? C. CLAIMANT INFORMATION (please print) NAME OF CLAIMANT NAME OF SPOUSE (provide if the spouse is a record owner of the reprocement diveling) Vex certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant l/we occupy the replacement diveling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief. SIGNATURE OF SPOUSE Out PHONE NUMBER HOWE PHONE NUMBER HOWE PHONE NUMBER		
ASSESSOR'S PARCEL NUMBER DATE OF SALE PROPERTY ADDRESS (street, ety, count)? Was this property your principal place of residence?  PROPERTY ADDRESS (street, ety, count)? Was this property your principal place of residence?  PROPERTY ADDRESS (street, ety, count)? Was this property stansfer to your parent(s), child(ren) or grandchild(ren)?  Yes No Note: When applicable, if the property is located in a different county from that of the replacement property, you must attach a copy of the original property is latest tax bill and any supplemental tax bill(s) issued before the date of sale. Also, was there any new construction to this property since the last tax bill(s) and before the date of sale?  Yes No If yes, please explain: C. CLAIMANT INFORMATION (please print) NAME OF SHOUSE (provide if the spouse is a record owner of the replacement dwalling) Social SECURITY NUMBER Have either you or your spouse previously been granted relief under section 69.5 because of age?  Yes No If yes, what is the initial date of disability as determined by a physician? CERTIFICATION We certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I/we occupy the replacement dwalling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief. SIGNATURE OF CLAIMANT HOME PHONE NUMBER HOME PHONE NUMBER HOME PHONE NUMBER DATE DATE DATE DATE DATE DATE DATE DATE		was the date of your original claim?
DATE OF SALE  PROPERTY ADDRESS (street. cfty: count)  Was this property your principal place of residence?  PROPERTY ADDRESS (street. cfty: count)  Was this property transfer to your parent(s), child(ren) or grandchild(ren)? Did this property transfer to your parent(s), child(ren) or grandchild(ren)? Did this property transfer to your parent(s), child(ren) or grandchild(ren)? Did this property transfer to your parent(s), child(ren) or grandchild(ren)?  Note: When applicable, if the property is located in a different county from that of the replacement property. you must attach a copy of the original property slatest tax bill and any supplemental tax bill(s) issued before the date of sale. Also, was there any new construction to this property since the last tax bill(s) and before the date of sale?  If yes, please explain:  Was this property substantially damaged or destroyed by misfortune or calamity (not a Governor-declared disaster) and sold in its damaged state?  C. CLAIMANT INFORMATION (please print)  NAME OF CLAIMANT  NAME OF CLAIMANT  NAME OF SPOUSE (provide if the spouse is a record owner of the replecement dwelling)  Kertify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant l/we occupy the replacement dwelling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief.  SIGNATURE OF SPOUSE  Note PHONE NUMBER  Howe PHONE NUMBER  NOME PHONE		
PROPERTY ADDRESS (street. etc. county)         Was this property your principal place of residence?       Yes       No         Did this property transfer to your parent(s), child(ren) or grandchild(ren)?       Yes       No         Note: When applicable, if the property is located in a different county from that of the replacement property. you must attach a copy of the original property's latest tax bill and any supplemental tax bill(s) issued before the date of sale. Also, was there any new construction to this property since the last tax bill(s) and before the date of sale?       Yes       No         Was this property substantially damaged or destroyed by misfortune or calamity (not a Governor-declared disaster) and sold in its damaged state?       Yes       No       If yes, what was the date of the misfortune or calamity (not a Governor-declared disaster) and sold in its damaged state?       Yes       No       If security number         NME OF CLAIMANT       SOCIAL SECURITY NUMBER       SOCIAL SECURITY NUMBER       No         If yes, what is the initial date of disability as determined by a physician?       SOCIAL SECURITY NUMBER       No         If yes, what is the initial date of disability as determined by a physician?       SOCIAL SECURITY NUMBER       No         If yes, what is the initial date of granted relief under section 69.5 because of age?       Yes       No         If yes, what is the initial date of disability as determined by a physician?       No       If yes, what is the initinitial date of my/our knowledge of residence; and (2)	ASSESSOR'S PARCEL NUMBER	
Did this property transfer to your parent(s), child(ren) or grandchild(ren)?       Yes       No         Note: When applicable, if the property is located in a different county from that of the replacement property. you must attach a copy of the original property s latest fax bill and any supplemental fax bill(s) issued before the date of sale. Also, was there any new construction to this property since the last tax bill(s) and before the date of sale?       Yes       No         If yes, please explain:		
Did this property transfer to your parent(s), child(ren) or grandchild(ren)?       Yes       No         Note: When applicable, if the property is located in a different county from that of the replacement property. you must attach a copy of the original property s latest fax bill and any supplemental fax bill(s) issued before the date of sale. Also, was there any new construction to this property since the last tax bill(s) and before the date of sale?       Yes       No         If yes, please explain:	Was this property your principal place of residence?  Yes .	
Note:       When applicable, if the property is located in a different county from that of the replacement property, you must attach a copy of the original property's latest tax bill and any supplemental tax bill(s) issued before the date of sale. Also, was there any new construction to this property since the last tax bill(s) and before the date of sale?       Yes       No         If yes, please explain:		$^{2}$ $\Box$ Voc $\Box$ No
copy of the original property's latest tax bill and any supplemental tax bill(s) issued before the date of sale. Also, was there any new construction to this property since the last tax bill(s) and before the date of sale?       Yes       No         If yes, please explain:		
any new construction to this property since the last tax bill(s) and before the date of sale? YesNo		
If yes, please explain:		
Was this property substantially damaged or destroyed by misfortune or calamity (not a Governor-declared disaster) and sold in its damaged state?         Yes       No       If yes, what was the date of the misfortune or calamity?         C. CLAIMANT INFORMATION (please print)		
state? Yes No If yes, what was the date of the misfortune or calamity?   C. CLAIMANT INFORMATION (please print)   NAME OF CLAIMANT SOCIAL SECURITY NUMBER NAME OF SPOUSE (provide if the spouse is a record owner of the replacement dwelling) Social SECURITY NUMBER Have either you or your spouse previously been granted relief under section 69.5 because of age? Yes No If yes, what is the initial date of disability as determined by a physician? CERTIFICATION I/we certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I/we occupy the replacement dwelling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief. SIGNATURE OF SPOUSE HOME PHONE NUMBER () OATE DATE DATE OATE OAT		
state? Yes No If yes, what was the date of the misfortune or calamity?   C. CLAIMANT INFORMATION (please print)   NAME OF CLAIMANT SOCIAL SECURITY NUMBER NAME OF SPOUSE (provide if the spouse is a record owner of the replacement dwelling) Social SECURITY NUMBER Have either you or your spouse previously been granted relief under section 69.5 because of age? Yes No If yes, what is the initial date of disability as determined by a physician? CERTIFICATION I/we certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I/we occupy the replacement dwelling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief. SIGNATURE OF SPOUSE HOME PHONE NUMBER () OATE DATE DATE OATE OAT	Was this property substantially damaged or destroyed by misfortune or c	alamity (not a Governor-declared disaster) and sold in its damaged
NAME OF CLAIMANT SOCIAL SECURITY NUMBER NAME OF SPOUSE (provide if the spouse is a record owner of the replacement dwelling) SOCIAL SECURITY NUMBER Have either you or your spouse previously been granted relief under section 69.5 because of age? Have either you or your spouse previously been granted relief under section 69.5 because of age? CERTIFICATION I/we certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I/we occupy the replacement dwelling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief. SIGNATURE OF CLAIMANT HOME PHONE NUMBER () )		
NAME OF CLAIMANT SOCIAL SECURITY NUMBER NAME OF SPOUSE (provide if the spouse is a record owner of the replacement dwelling) SOCIAL SECURITY NUMBER Have either you or your spouse previously been granted relief under section 69.5 because of age? Have either you or your spouse previously been granted relief under section 69.5 because of age? CERTIFICATION I/we certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I/we occupy the replacement dwelling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief. SIGNATURE OF CLAIMANT HOME PHONE NUMBER () )	C. CLAIMANT INFORMATION (please print)	
Have either you or your spouse previously been granted relief under section 69.5 because of age?       Yes       No         If yes, what is the initial date of disability as determined by a physician?	· · · · · ·	SOCIAL SECURITY NUMBER
Have either you or your spouse previously been granted relief under section 69.5 because of age? Yes No If yes, what is the initial date of disability as determined by a physician?  CERTIFICATION  //we certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I/we occupy the replacement dwelling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief.  SIGNATURE OF CLAIMANT DATE HOME PHONE NUMBER  ()		
If yes, what is the initial date of disability as determined by a physician?	NAME OF SPOUSE (provide if the spouse is a record owner of the replacement dwelling)	SOCIAL SECURITY NUMBER
If yes, what is the initial date of disability as determined by a physician?		
If yes, what is the initial date of disability as determined by a physician?	Have either you or your shouse previously been granted relief under se	
CERTIFICATION         I/we certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant l/we occupy the replacement dwelling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief.         SIGNATURE OF CLAIMANT       DATE         SIGNATURE OF SPOUSE       DATE         HOME PHONE NUMBER       DAYTIME PHONE NUMBER         ( )       ( )		
I/we certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I/we occupy the replacement dwelling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief.         SIGNATURE OF CLAIMANT       DATE         SIGNATURE OF SPOUSE       DATE         HOME PHONE NUMBER       DAYTIME PHONE NUMBER         ( )       ( )		
replacement dwelling described above as my/our principal place of residence; and (2) the foregoing, and all information hereon, is true, correct, and complete to the best of my/our knowledge and belief.         SIGNATURE OF CLAIMANT       DATE         SIGNATURE OF SPOUSE       DATE         HOME PHONE NUMBER       DAYTIME PHONE NUMBER         ( )       ( )		
SIGNATURE OF SPOUSE     DATE       HOME PHONE NUMBER     DAYTIME PHONE NUMBER       ( )     ( )	replacement dwelling described above as my/our principal place of res correct, and complete to the best of my/our knowledge and belief.	sidence; and (2) the foregoing, and all information hereon, is true,
HOME PHONE NUMBER     DAYTIME PHONE NUMBER       ( )     ( )	SIGNATURE OF CLAIMANT	DATE
HOME PHONE NUMBER     DAYTIME PHONE NUMBER       ( )     ( )		
( )	SIGNATURE OF SPOUSE	DATE
( )		
MAILING ADDRESS EMAIL ADDRESS	<u>V</u> MAILING ADDRESS	EMAIL ADDRESS
If there are not enough spaces above for additional claimant(s), please use the above format on a seperate sheet of paper and attach. If you have any questions about this form, please contact the Assessor's Office	If there are not enough spaces above for additional claimant(s), please use the a questions about this form, please contact the Assessor's Office.	above format on a seperate sheet of paper and attach. If you have any

THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION





SANT

OF

## **GENERAL INFORMATION**

California law allows any person who is severely and permanently disabled, as defined below, (at the time of sale of original/former residence) and who resides in a property eligible for the homeowners' exemption (place of residence) or currently receiving the disabled veterans' exemption to transfer the base year value of the principal residence to a replacement dwelling of equal or lesser value within the same county. In addition, to qualify for transfer of a base year value to a replacement dwelling all the following requirements must be met: (1) The replacement dwelling must have been acquired or newly constructed on or after June 6, 1990 (except transfers between counties — see below); (2) the replacement dwelling must be purchased or newly constructed within two years of the sale of the original (former) residence; (3) the original property must be subject to reappraisal at its current fair market value in accordance with section 110.1 or 5803 of the Revenue and Taxation Code or must receive a transferred base year value as determined in accordance with sections 69, 69.3 or 69.5 of the Revenue and Taxation Code, because the property qualifies as a replacement residence; and (4) a claim for relief must be filed within 3 years of the date a replacement dwelling is purchased or new construction of that replacement dwelling is completed. If you file your claim after the 3-year period, relief will be granted beginning with the calendar year in which you file your claim. If you sold the original property to your parent, child, or grandchild and that person filed a claim for the parent-child or grandparent-grandchild change in ownership exclusion, then you may not transfer your base year value under section 69.5.

If you are filing a claim for **additional treatment** under section 69.5 as the result of new construction performed on a replacement dwelling which has already been granted the benefit, you must complete the form. You may be eligible if the new construction is completed within two years of the date of sale of the original property; you have notified the Assessor in writing of the completion of new construction within 6 months after completion; and the fair market value of the new construction (as confirmed by the Assessor) on the date of completion, plus the full cash value of the replacement dwelling at the time of its purchase/date of completion of new construction (as confirmed by the Assessor) does not exceed the market value of the original property as of its date of sale.

In general, equal or lesser value of a replacement dwelling has been defined as: **100 percent** of market value of the original property as of its date of sale if a replacement dwelling is purchased **before** an original property is sold; **105 percent** of market value of the original property as of its date of sale if a replacement dwelling is purchased within one year **after** the sale of the original property; **110 percent** of market value of the original property as of its date of sale if a replacement dwelling is purchased within the **second year after** the sale of the original property.

If the original property was substantially damaged or destroyed by misfortune or calamity (not a Governor-declared disaster) and sold in its damaged state, the fair market value of the property immediately preceding the damage or destruction is used for purposes of the equal or lesser value test. A property is "substantially damaged or destroyed" if either land or improvements sustain physical damage amounting to more than 50 percent of its full cash value immediately prior to the misfortune or calamity.

If you feel you qualify for this exclusion, you must provide certification, signed by a licensed physician or surgeon of the appropriate specialty, that you are severely and permanently disabled and complete the reverse side of this form. You must also provide either of the following:

- Certification (form BOE-62-A), signed by a licensed physician or surgeon of appropriate specialty, stating the specific reasons that the disability necessitates the move to a replacement property and that the replacement dwelling meets the disability-related requirements, including any locational requirements. In lieu of such a certification, if you or your spouse or guardian so declare under penalty of perjury, it shall be rebuttably presumed that the primary purpose of the move to the replacement dwelling is to satisfy identified disability-related requirements, or
- Evidence substantiating that the primary purpose of the move to the replacement dwelling is to alleviate financial burdens caused by the disability. Alternatively, if you or your spouse or guardian so declare under penalty of perjury, it shall be rebuttably presumed that the primary purpose of the move is to alleviate the financial burdens caused by the disability.

Revenue and Taxation Code section 74.3(b) defines a severely and permanently disabled person as "... any person who has a physical disability or impairment, whether from birth or by reason of accident or disease, that results in a functional limitation as to employment or substantially limits one or more major life activity of that person, and that has been diagnosed as permanently affecting the person's ability to function, including, but not limited to, any disability or impairment that affects sight, speech, hearing, or the use of any limbs."

The disclosure of social security numbers by all claimants of a replacement dwelling is mandatory as required by Revenue and Taxation Code section 69.5 [see Title 42 United States Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification purposes in the administration of any tax.] The numbers are used by the Assessor to verify the eligibility of persons claiming this exclusion and by the state to prevent multiple claims in different counties. This claim is not subject to public inspection.

Generally, claimants will be granted property tax relief under section 69.5 of the Revenue and Taxation Code only once. However, the Legislature created an exception to this one-time-only clause. If a person becomes disabled **after** receiving the property tax relief for age, the person may transfer the base year value a second time because of the disability.

**Please Note:** Transfers between counties are allowed only if the county in which the replacement dwelling is located has passed an authorizing ordinance. The acquisition of the replacement dwelling must occur on or after the date specified in the county ordinance.

(Please complete applicable information on page 1.)

