

CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER



Sheri Thomas
County of Santa Cruz Assessor

701 Ocean Street, Rm. 130
Santa Cruz, CA 95060
Phone: 831-454-2002
Email: asrwebmail@co.santa-cruz.ca.us

County Assessor

Address

City, State, Zip

Replacement Residence APN _____

Section 2.1(b) of article XIII A of the California Constitution, implemented by Revenue and Taxation Code section 69.6, allows a homeowner who is at least age 55 or severely and permanently disabled or a victim of a wildfire or natural disaster to transfer their base year value from an original primary residence to a replacement primary residence located anywhere in California. An application for a base year value transfer to a replacement primary residence has been filed with the _____ County Assessor's Office. Since the claim involves the transfer of a base year value from an original primary residence located in _____ County, we are requesting the following information from your office.

Please complete Section B of this form and return it to our office at the address above.

A. ORIGINAL PRIMARY RESIDENCE (INFORMATION THAT WAS PROVIDED TO THE ASSESSOR BY THE CLAIMANT)

Applicant Name: _____ Application Date: _____
Situs Address of Property Sold: _____ City: _____
County: _____ Assessor's Parcel/ID Number: _____
Sale Price: _____ Date of Sale: _____

B. REQUESTED INFORMATION

Confirmation of Sale Price: _____ Confirmation of Date of Sale: _____
Recorder's Document Number: _____ Date of Recording: _____
Total Property FBVY (prior to sale): \$ _____ Roll Year (year-year): _____
Total Land FBVY: \$ _____ Land Base Year: _____ Total Improvement FBVY: \$ _____ Imp Base Year: _____
Fair Market Value at Time of Sale: \$ _____ Multiple Base Year (attach explanation)
Total Land Value: \$ _____ Total Improvement Value: \$ _____
Was entire property used as a primary residence? Yes No Property description, if other than primary residence: _____
If no, FMV allocated to primary residence: _____ Land FMV \$ _____ Improvement FMV \$ _____
Was the property eligible for exemption? Yes No If no, the receiving county must request proof of residency from the claimant.
Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer? Yes No
For this applicant, has your county previously granted a base year value transfer for age or disability pursuant to Section 2.1 article XIII A (Prop 19)?
 Yes No If yes, what is the date of exclusion? _____

PRINCIPAL RESIDENCE SUBSTANTIALLY DAMAGED/DESTROYED BY DISASTER FOR WHICH THE GOVERNOR DECLARED A STATE OF EMERGENCY

Was property substantially damaged or destroyed by a Governor-proclaimed disaster? Yes No Date of disaster (if applicable): _____ Type of disaster (if applicable): _____ Was the property sold in its damaged state? Yes No
Fair Market Value immediately prior to disaster: \$ _____ Factored Base Year Value (prior to disaster): \$ _____ Roll Year (year-year): _____
Land Factored Base Year Value (prior to disaster): \$ _____ Improvement Factored Base Year Value (prior to disaster): \$ _____
Was the property eligible for exemption? Yes No If no, the receiving county must request proof of residency from the claimant.
Did the applicant's name appear as an assessee immediately prior to the above-referenced transfer? Yes No

CERTIFICATION OF VALUE PROVIDED BY:

Name of Contact: _____ Email Address: _____
County Assessor's Office: _____ Phone Number: _____

CERTIFICATION OF VALUE REQUESTED BY:

Name of Contact: _____ Email Address: _____ Phone Number: _____

