

CERTIFICATION OF VALUE BY ASSESSOR FOR BASE YEAR VALUE TRANSFER

County Assessor

Address

City, State, Zip



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

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.

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

A. ORIGINAL PRIMARY RESIDENCE (TO BE COMPLETED BY THE REQUESTING ASSESSOR WITH INFORMATION FROM CLAIMANT)

Form section A containing fields for Applicant Name, Application Date, Situs Address of Property Sold, City, County, Assessor's Parcel/ID Number, Sale Price, and Date of Sale.

B. REQUESTED INFORMATION (TO BE COMPLETED BY THE ASSESSOR FROM COUNTY OF ORIGINAL PRIMARY RESIDENCE)

Form section B containing fields for Confirmation of Sale Price, Confirmation of Date of Sale, Recorder's Document Number, Date of Recording, Total Property FBV, Roll Year, Land Base Year, Total Improvement FBV, Imp Base Year, Fair Market Value at Time of Sale, Multiple Base Year checkbox, Total Land Value, Total Improvement Value, Property description, FMV allocation, Exemption status, and name appearance.

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

Form section for disaster-damaged properties, including fields for damage status, date of disaster, type of disaster, FMV immediately prior to disaster, factored base year values, and exemption eligibility.

COMMENTS:

CERTIFICATION OF VALUE PROVIDED BY:

Form section for certification of value provided, including fields for Name of Contact, Email Address, County Assessor's Office, and Phone Number.

CERTIFICATION OF VALUE REQUESTED BY:

Form section for certification of value requested, including fields for Name of Contact, Email Address, and Phone Number.

THIS CLAIM IS CONFIDENTIAL AND NOT SUBJECT TO PUBLIC INSPECTION.

