

CLAIM OF PERSON(S) AT LEAST 55 YEARS OF AGE FOR TRANSFER OF BASE YEAR VALUE TO REPLACEMENT DWELLING
(INTRACOUNTY AND INTERCOUNTY, WHEN APPLICABLE)

A. REPLACEMENT DWELLING

ASSESSOR'S PARCEL NUMBER	RECORDER'S DOCUMENT NUMBER
DATE OF PURCHASE	DATE OF COMPLETION OF NEW CONSTRUCTION
PURCHASE PRICE \$ _____	COST OF NEW CONSTRUCTION \$ _____
PROPERTY ADDRESS (street, city, county)	

1. Do you occupy the replacement dwelling as your principal place of residence? Yes No
2. Is this property a multi-unit property? If so, which unit is your principal residence? _____
3. Is the new construction described performed on a replacement dwelling which has already been granted the benefit under R&TC 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	SALE PRICE \$ _____
PROPERTY ADDRESS (street, city, county)	

1. Was this property your principal place of residence? Yes No Date property was no longer your principal residence: _____
2. Was this property a multi-unit property? If so, which unit was your principal residence? _____
3. 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 than 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: _____

4. 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 (provide copy of valid identification with date of birth)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AT LEAST AGE 55? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF SPOUSE (provide if the spouse is a record owner of the replacement dwelling)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AT LEAST AGE 55? <input type="checkbox"/> Yes <input type="checkbox"/> No

1. Have either you or your spouse previously been granted relief under R&TC section 69.5 because of disability? Yes No
2. Have either you or your spouse previously been granted relief under R&TC section 69.5? Yes No
If yes, have you or your spouse subsequently become severely and permanently disabled? Yes No

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; (2) as a claimant I/we were at least 55 years of age at the time of the sale of our original residence; and (3) 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
MAILING ADDRESS	DAYTIME PHONE NUMBER ()
CITY, STATE, ZIP	EMAIL ADDRESS

If there are not enough spaces above for additional claimant(s) information, please use the above format on a separate sheet of paper and attach. If you have any questions about this form, please contact the Assessor's Office.

Note: Unless you become disabled at a later date, this may be a one-time only exclusion. All information provided on this form is subject to verification. IF YOUR APPLICATION IS INCOMPLETE, YOUR CLAIM MAY NOT BE PROCESSED. THIS CLAIM IS NOT SUBJECT TO PUBLIC INSPECTION

