

**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**

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 ( <i>street, city, 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 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 ( <i>street, city, county</i> )	

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	SOCIAL SECURITY NUMBER
NAME OF SPOUSE ( <i>provide if the spouse is a record owner of the replacement dwelling</i> )	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 CLAIMANT	DATE
SIGNATURE OF SPOUSE	DATE
HOME PHONE NUMBER ( )	DAYTIME PHONE NUMBER ( )
MAILING ADDRESS	EMAIL ADDRESS

If there are not enough spaces above for additional claimant(s), 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.

**THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION**

