EF-19-B-R03-0523-33000051-1 BOE-19-B (P1) REV. 03 (05-23)

CLAIM FOR TRANSFER OF BASE YEAR VALUE TO REPLACEMENT PRIMARY RESIDENCE FOR PERSONS AT LEAST AGE 55 YEARS



Peter Aldana Assessor-County Clerk-Recorder

PO Box 751 Riverside, CA 92502-0751 Phone: (951) 955-6200 https://www.asrclkrec.com/

County of Riverside

Applies to base year value transfers occurring on or after April 1, 2021.

B. ORIGINAL PRIMARY RESIDENCE (FORMER PROPERTY) ASSESSOR'S PARCELID NUMBER DATE OF SALE PROPERTY ADDRESS (property must be in California) 1. Was this property your principal residence? Yes No Date property was no longer your principal residence: 2. Was this property transfer to your grandparent(s), parent(s), child(ren) or grandchild(ren)? Yes No If yes, which unit was your principal residence? 3. Did this property transfer to your grandparent(s), parent(s), child(ren) or grandchild(ren)? Yes No If yes, please explain: NOTE: If the property is located in a different county than that of the replacement primary residence, you must attach a copy of the original residence's latest property tax bill and any supplemental tax bill(s) issued before the date of sale. C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. NAME OF CLAIMANT DATE OF BIRTH SOCIAL SECURITY NUMBER AT LEAST AGE 55 AT TIME OF SALE? Yes No Have you previously been granted a base year value transfer for age or disability under section 2.1 of article XIII A (Proposition19)? Yes No If yes, please provide the county(ies) and Assessor's Parcel/ID Number(s) for which relief was granted. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age	A. REPLACEMENT PRIMARY RESIDENCE	piii 1, 2021.				
PROPERTY ADDRESS SALE PRICE	ASSESSOR'S PARCEL/ID NUMBER RECORDER'S			UMENT NUMBER (if known)		
S CITY COUNTY 1. Do you occupy the replacement primary residence as your principal residence? Yes No 1. Do you occupy the replacement primary residence as your principal residence? Yes No 2. Is this property a multi-unit property? Yes No If yes, which unit is your principal residence? 3. Is the new construction described performed on a replacement primary residence which has already been granted the base year value transfer within the past two years? Yes No If yes, what was the date of your original claim? B. ORIGINAL PRIMARY RESIDENCE (FORMER PROPERTY) B. ORIGINAL PRIMARY RESIDENCE (FORMER PROPERTY) B. ORIGINAL PRIMARY RESIDENCE (FORMER PROPERTY) ASSESSOR'S PARCEUID NUMBER DATE OF SALE PROPERTY ADDRESS (property multi-unit property? Yes No Date property was no longer your principal residence: 2. Was this property transfer to your grandparent(s), parent(s), child(ren) or grandchild(ren)? Yes No 4. Was there any new construction to this property since the last tax bill(s) and before the date of the sale? Yes No If yes, please explain: NOTE: If the property is located in a different county than that of the replacement primary residence, you must attach a copy of the original residence's latest property tax bill and any supplemental tax bill(s) issued before the date of sale. C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. NAME OF CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence: (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon. Is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT PROME PR	DATE OF PURCHASE		DATE OF COMPLETION OF NEW CONSTRUCTION (if applicable)			
1. Do you occupy the replacement primary residence as your principal residence? Yes No 2. Is this property a multi-unit property? Yes No If yes, which unit is your principal residence? 3. Is the new construction described performed on a replacement primary residence which has afready been granted the base year value transfer within the past two years? Yes No If yes, which unit is your principal residence? B. ORIGINAL PRIMARY RESIDENCE (FORMER PROPERTY). ASSESSOR'S PARCEUID NUMBER DATE OF SALE SALE PRICE SALE SALE PRICE SALE PRICE SALE PROPERTY COUNTY 1. Was this property a multi-unit property? Yes No Date property was no longer your principal residence: COUNTY 1. Was this property a multi-unit property? Yes No If yes, which unit was your principal residence: S NO 3. Didthis property transfer to your grandparent(s), parent(s), child(ren) or grandchild(ren)? Yes No 4. Was there any new construction to this property since the last tax bill(s) and before the date of the sale? Yes No 5. If yes, please explain: NOTE: If the property is located in a different county than that of the replacement primary residence, you must attach a copy of the original residence's latest property tax bill and any supplemental tax bill(s) issued before the date of sale. C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. MAMEE OF CLAIMANT DATE OF BIRTH SOCIAL SECURITY NUMBER AT LEAST AGE SS AT TIME OF SALE? No If yes, please provide the county(ies) and Assessor's ParcellID Number(s) for which relief was granted. CERTIFICATION Certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence dance as my principal place of residence: (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence: and (3) the foregoing, and all information hereon, is true, correct, and comp	±		•			
2. Is this property a multi-unit property?			-		COUNTY	
3. Is the new construction described performed on a replacement primary residence which has already been granted the base year value transfer within the past two years?			_			
B. ORIGINAL PRIMARY RESIDENCE (FORMER PROPERTY) ASSESSORS PARCELID NUMBER DATE OF SALE DATE OF SALE 1. Was this property your principal residence? Yes No Date property was no longer your principal residence: 2. Was this property a multi-unit property? Yes No Date property was no longer your principal residence: 3. Did this property transfer to your grandparent(s), parent(s), child(ren) or grandchild(ren)? Yes No If yes, please explain: NOTE: If the property is located in a different county than that of the replacement primary residence, you must attach a copy of the original residence's latest property ax bill and any supplemental tax bill(s) issued before the date of sale. C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. NAME OF CLAIMANT DATE OF CLAIMANT DATE OF BIRTH SOCIAL SECURITY NUMBER AT LEAST AGE SS AT TIME OF SALE? Yes No If yes, please exposide the county(ies) and Assessor's ParcellID Number(s) for which relief was granted. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. MALING ADDRESS DAYTIME PHONE NUMBER LOTE DATE DAT			· · · · · · · · · · · · · · · · · · ·			
ASSESSOR'S PARCELID NUMBER DATE OF SALE PROPERTY ADDRESS (property must be in California) 1. Was this property your principal residence? Yes No Date property was no longer your principal residence: No Date property was no longer your principal residence: No Date property transfer to your grandparent(s), parent(s), child(ren) or grandchild(ren)? Yes No No If yes, which unit was your principal residence? 3. Did this property transfer to your grandparent(s), parent(s), child(ren) or grandchild(ren)? Yes No No If yes, please explain: NOTE: If the property is located in a different county than that of the replacement primary residence, you must attach a copy of the original residence's latest property tax bill and any supplemental tax bill(s) issued before the date of sale. C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. NAME OF CLAIMANT				-	n granted the <mark>bas</mark> e year value transfer	
SALE PRICE \$ PROPERTY ADDRESS (property must be in California) 1. Was this property your principal residence? Yes No It yes, which unit was your principal residence? 2. Was this property amulti-unit property? Yes No It yes, which unit was your principal residence? 3. Did this property transfer to your grandparent(s), parent(s), child(ren) or grandchild(ren)? Yes No 4. Was there any new construction to this property since the last tax bill(s) and before the date of the sale? Yes No If yes, please explain: NOTE: If the property is located in a different county than that of the replacement primary residence, you must attach a copy of the original residence's latest property tax bill and any supplemental tax bill(s) issued before the date of sale. C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. NAME OF CLAIMANT DATE OF BIRTH SOCIAL SECURITY NUMBER AT LEAST AGE 55 AT TIME OF SALE? Yes No If yes, please provide the county(ies) and Assessor's Parcell/ID Number(s) for which relief was granted. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT PRINTED NAME DATE DATE	B. ORIGINAL PRIMARY RESIDENCE (FOR	MER PROPERTY)				
\$ COUNTY 1. Was this property your principal residence? Yes No Date property was no longer your principal residence: 2. Was this property a multi-unit property? Yes No If yes, which unit was your principal residence? 3. Did this property transfer to your grandparent(s), parent(s), child(ren) or grandchild(ren)? Yes No If yes, please explain: NOTE: If the property is located in a different county than that of the replacement primary residence, you must attach a copy of the original residence's latest property tax bill and any supplemental tax bill(s) issued before the date of sale. C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. NAME OF CLAIMANT DATE OF BIRTH SOCIAL SECURITY NUMBER AT LEAST AGE SS AT TIME OF SALE? Yes No Have you previously been granted a base year value transfer for age or disability under section 2,1 of article XIII A (Proposition19)? Yes No If yes, please provide the county(ies) and Assessor's ParcellID Number(s) for which relief was granted. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. MALING ADDRESS DAYTIME PHONE NUMBER ()	ASSESSOR'S PARCEL/ID NUMBER					
A. Was this property your principal residence? Yes No Date property was no longer your principal residence: 2. Was this property a multi-unit property? Yes No If yes, which unit was your principal residence? 3. Did this property transfer to your grandparent(s), parent(s), child(ren) or grandchild(ren)? Yes No 4. Was there any new construction to this property since the last tax bill(s) and before the date of the sale? Yes No 6. If yes, please explain: NOTE: If the property is located in a different county than that of the replacement primary residence, you must attach a copy of the original residence's latest property tax bill and any supplemental tax bill(s) issued before the date of sale. C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. NAME OF CLAIMANT DATE OF BIRTH SOCIAL SECURITY NUMBER AT LEAST AGE 55 AT TIME OF SALE? Yes No Have you previously been granted a base year value transfer for age or disability under section 2.1 of article XIII A (Proposition19)? Yes No If yes, please provide the county(ies) and Assessor's Parcell D Number(s) for which relief was granted. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. MALING ADDRESS DAYTIME PHONE NUMBER (1)	DATE OF SALE					
2. Was this property a multi-unit property?	PROPERTY ADDRESS (property must be in California)				COUNTY	
3. Did this property transfer to your grandparent(s), parent(s), child(ren) or grandchild(ren)?	Was this property your principal residence?	Yes No Date p	ro <mark>pe</mark> rty was no long	er your princi	ipal residence:	
4. Was there any new construction to this property since the last tax bill(s) and before the date of the sale? Yes No If yes, please explain: NOTE: If the property is located in a different county than that of the replacement primary residence, you must attach a copy of the original residence's latest property tax bill and any supplemental tax bill(s) issued before the date of sale. C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. NAME OF CLAIMANT DATE OF BIRTH SOCIAL SECURITY NUMBER AT LEAST AGE 55 AT TIME OF SALE? Yes No Have you previously been granted a base year value transfer for age or disability under section 2.1 of article XIII A (Proposition19)? Yes No If yes, please provide the county(ies) and Assessor's Parcel/ID Number(s) for Which relief was granted. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT PRINTED NAME DAYTIME PHONE NUMBER () DAYTIME PHONE NUMBER	2. Was this property a multi-unit property? \(\subseteq \text{ Ye}	s No If yes, which	unit was your princ	ipal residence	e?	
NOTE: If the property is located in a different county than that of the replacement primary residence, you must attach a copy of the original residence's latest property tax bill and any supplemental tax bill(s) issued before the date of sale. C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. NAME OF CLAIMANT DATE OF BIRTH DATE OF Which relief was granted. If yes, please provide the county(ies) and Assessor's Parcel/ID Number(s) for which relief was granted. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. MAILING ADDRESS DAYTIME PHONE NUMBER (1)	3. Did this property transfer to your grandparent(s), p	arent(s), child(ren) or gra	ndchild(ren)?	Yes No	0	
NOTE: If the property is located in a different county than that of the replacement primary residence, you must attach a copy of the original residence's latest property tax bill and any supplemental tax bill(s) issued before the date of sale. C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. NAME OF CLAIMANT DATE OF BIRTH SOCIAL SECURITY NUMBER AT LEAST AGE 55 AT TIME OF SALE? Yes No Have you previously been granted a base year value transfer for age or disability under section 2.1 of article XIII A (Proposition 19)? Yes No If yes, please provide the county(ies) and Assessor's Parcel/ID Number(s) for which relief was granted. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. PRINTED NAME DATE DAYTIME PHONE NUMBER ()	4. Was there any new construction to this property	since the last tax bill(s) a	n <mark>d b</mark> efore th <mark>e d</mark> ate o	the sale?	Yes No	
C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. NAME OF CLAIMANT DATE OF BIRTH SOCIAL SECURITY NUMBER AT LEAST AGE 55 AT TIME OF SALE? Yes No No Have you previously been granted a base year value transfer for age or disability under section 2, 1 of article XIII A (Proposition19)? Yes No If yes, please provide the county(ies) and Assessor's Parcel/ID Number(s) for which relief was granted. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. PRINTED NAME DATE	If yes, please explain:					
C. CLAIMANT INFORMATION (please print) Please provide valid identification with date of birth. NAME OF CLAIMANT DATE OF BIRTH SOCIAL SECURITY NUMBER AT LEAST AGE 55 AT TIME OF SALE? Yes No Have you previously been granted a base year value transfer for age or disability under section 2.1 of article XIII A (Proposition19)? Yes No If yes, please provide the county(ies) and Assessor's Parcel/ID Number(s) for which relief was granted. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT PRINTED NAME DAYTIME PHONE NUMBER ()				-		
Have you previously been granted a base year value transfer for age or disability under section 2.1 of article XIII A (Proposition19)?						
Have you previously been granted a base year value transfer for age or disability under section 2,1 of article XIII A (Proposition 19)? If yes, please provide the county(ies) and Assessor's Parcel/ID Number(s) for which relief was granted. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT PRINTED NAME DATE DAYTIME PHONE NUMBER ()	NAME OF CLAIMANT	DATE OF BIRTH	SOCIAL SECURITY NUMBER AT LEAST AGE 55 AT TIME		AT LEAST AGE 55 AT TIME OF SALE?	
If yes, please provide the county(ies) and Assessor's Parcel/ID Number(s) for which relief was granted. CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT PRINTED NAME DATE DAYTIME PHONE NUMBER ()					☐ Yes ☐ No	
CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT PRINTED NAME DATE DAYTIME PHONE NUMBER ()	Have you previously been granted a base year value	ie transfer f <mark>or</mark> age or disa	bility under section 2	.1 of article X	III A (Proposition19)?	
I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT PRINTED NAME DATE MAILING ADDRESS DAYTIME PHONE NUMBER ()	If yes, please provide the county(ies) and Assess	or's Parcel/ID Number(s)	for which relief was	gran <mark>te</mark> d		
I certify (or declare) under penalty of perjury under the laws of the State of California that: (1) as a claimant/occupant I occupy the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT PRINTED NAME DATE MAILING ADDRESS DAYTIME PHONE NUMBER ()			/			
the replacement primary residence described above as my principal place of residence; (2) as a claimant I was at least 55 years of age at the time of the sale of my original residence; and (3) the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief. SIGNATURE OF CLAIMANT PRINTED NAME DATE MAILING ADDRESS DAYTIME PHONE NUMBER ()		CERTIFICA	TION			
MAILING ADDRESS DAYTIME PHONE NUMBER ()	the replacement primary residence described at the time of the sale of my original residence	bove as my principal p	lace of residence;	(2) as a clair	mant I was at least 55 years of age	
()	SIGNATURE OF CLAIMANT	PRINTED NAME		DATE		
()	>					
CITY, STATE, ZIP EMAIL ADDRESS	MAILING ADDRESS			DAYTIME PHON	E NUMBER	
CITY, STATE, ZIP EMAIL ADDRESS				()		
	CITY, STATE, ZIP			EMAIL ADDRES	SS	

All information provided on this form is subject to verification.

IF YOUR APPLICATION IS INCOMPLETE, YOUR CLAIM MAY NOT BE PROCESSED.

THIS CLAIM IS CONFIDENTIAL AND NOT SUBJECT TO PUBLIC INSPECTION



GENERAL INFORMATION

Beginning April 1, 2021, section 2.1(b) of article XIII A of the California Constitution, implemented by Revenue and Taxation Code section 69.6, allows an owner of a primary residence who is at least age 55 at time of sale of the original primary residence to transfer the factored base year value of their primary residence in California to a replacement primary residence that is located anywhere in California. To qualify for the base year value transfer, the following requirements must be met:

- The original primary residence must be sold.
- The original primary residence must have been your principal place of residence (thus, eligible for the homeowners' or disabled veterans' exemption) either (1) at the time of sale, or (2) within two years of the purchase of your replacement primary residence.
- The replacement primary residence must be purchased or newly constructed within two years of the sale of the original primary residence
- Claimant must own and occupy the replacement primary residence as a principal place of residence (thus, eligible for the homeowners'
 or disabled veterans' exemption) at the time this claim is filed.
- Either (1) the sale of the original primary residence or (2) the purchase or completion of new construction of the replacement primary residence must occur on or after April 1, 2021.

If the replacement primary residence is of equal or lesser value than the original primary residence, the factored base year value of the original primary residence becomes the base year value of the replacement primary residence. "Equal or lesser value" means the full cash value of the replacement primary residence does not exceed one of the following, which is based on the date of sale of the original primary residence and the date of purchase or completion of new construction of the replacement primary residence:

- 100 percent of the full cash value of the original primary residence if a replacement primary residence is purchased or newly constructed before the sale of the original primary residence.
- 105 percent of the full cash value of the original primary residence if a replacement primary residence is purchased or newly constructed within the **first** year after the sale of the original primary residence.
- 110 percent of the full cash value of the original primary residence if a replacement primary residence is purchased or newly constructed within the second year after the sale of the original primary residence.

If the full cash value of the replacement primary residence is of greater value than the adjusted full cash value of the original primary residence, partial relief is available. The difference between the adjusted full cash value of the original primary residence and the full cash value of the replacement primary residence will be added to the factored base year value that is transferred to the replacement primary residence.

Under Revenue and Taxation Code section 110(b), "full cash value" is presumed to be the purchase price, unless it is established by evidence that the real property would not have transferred for that purchase price in an open market transaction.

If the replacement primary residence is partly purchased and partly constructed, then the full cash value for both land and improvements is determined as either the date of purchase or the date of completion of new construction, whichever occurs last.

A homeowner who is at least age 55 at time of sale of the original primary residence or severely disabled may transfer their base year value up to three times.

The disclosure of the social security number by the claimant of a replacement primary residence is mandatory. The number is used by the Assessor to verify the eligibility of a person claiming this exclusion and by the State of California to prevent more than three base year value transfers. This claim is confidential and not subject to public inspection.

If you believe you qualify for this exclusion, you must provide evidence that you were at least 55 years old when the original primary residence sold and declare under penalty of perjury (see reverse) that you were at least 55, and complete the reverse side of this form.

A claim must be filed with the Assessor of the county in which the replacement property is located. A claim for relief must be filed within 3 years of the date a replacement primary residence is purchased or new construction of that replacement primary residence 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 your claim is approved, the base year value will be transferred to the replacement primary residence as of the latest qualifying event — the sale of the original primary residence, the purchase of the replacement primary residence, or the completion of construction of the replacement primary residence. This means that if you purchase or construct your replacement primary residence first and sell your original primary residence second, you will be responsible for the increased taxes on your replacement primary residence through the date your original primary residence is sold.

If you are filing a claim for additional treatment as the result of new construction performed on a replacement primary residence that has already been granted the benefit, you must complete the reverse side of this form. You may be eligible if the new construction is completed within two years of the date of sale of the original primary residence; 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 primary residence 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 primary residence as of its date of sale.



EF-19-B-R03-0523-33000051