

## CLAIM FOR TRANSFER OF BASE YEAR VALUE TO REPLACEMENT PRIMARY RESIDENCE FOR SEVERELY AND PERMANENTLY DISABLED PERSONS

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

### Include form BOE-19-DC, *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 PRIMARY RESIDENCE

ASSESSOR'S PARCEL/ID NUMBER	RECORDER'S DOCUMENT NUMBER (if known)	
DATE OF PURCHASE	DATE OF COMPLETION OF NEW CONSTRUCTION (if applicable)	
PURCHASE PRICE \$	COST OF NEW CONSTRUCTION (if applicable) \$	
PROPERTY ADDRESS	CITY	COUNTY

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)

ASSESSOR'S PARCEL/ID NUMBER		
DATE OF SALE	SALE PRICE \$	
PROPERTY ADDRESS	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?  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 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)

NAME OF CLAIMANT	SOCIAL SECURITY NUMBER	SEVERELY AND PERMANENTLY DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**NOTE: Please have a physician of appropriate specialty complete BOE-19-DC, *Certificate of Disability*.**

Have you or your spouse previously been granted relief 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; and (2) 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 (     )	
CITY, STATE, ZIP	EMAIL ADDRESS	

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**



