

**CLAIM FOR TRANSFER OF BASE YEAR VALUE TO REPLACEMENT
 PRIMARY RESIDENCE FOR SEVERELY 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	
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 place of residence? YES NO
2. 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 RESIDENCE (FORMER PROPERTY)

ASSESSOR'S PARCEL/ID NUMBER	RECORDER'S DOCUMENT NUMBER	
DATE OF SALE	SALE PRICE \$	
PROPERTY ADDRESS	CITY	COUNTY

1. Was this property your principal place of residence? Yes No
2. Did this property transfer to your grandparent(s), parent(s), child(ren) or grandchild(ren)? Yes No
3. 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 describe: _____

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 DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF SPOUSE	SOCIAL SECURITY NUMBER	SEVERELY DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Please have a physician of appropriate specialty complete BOE-19-DC, *Certificate of Disability*.

Have you or your spouse previously been granted relief 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

GENERAL INFORMATION

Beginning April 1, 2021, California law allows an owner of a primary residence who is severely disabled to transfer the factored base year value of their primary residence to a replacement primary residence that is located anywhere in California and purchased or newly constructed within two years of the sale of the original primary residence.

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.

If the replacement primary residence is of *greater value* than the original primary residence, partial relief is available. The difference between the 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.

A homeowner who is at least age 55 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 the 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.

A claim must be filed with the Assessor of the county in which the replacement property is located.

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 until 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 which has already been granted the benefit, you must complete the reverse side of this form and include a description of the new construction in Section B.3, if applicable. 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 property as of its date of sale.

ERNEST J. DRONENBURG JR., ASSESSOR
1600 PACIFIC HWY., SUITE 103
SAN DIEGO, CA 92101
TELEPHONE: (619) 531-5481

CERTIFICATE OF DISABILITY

The claimant listed below has applied to transfer their property tax base to a replacement primary residence. In order to qualify for this tax benefit, a licensed physician or surgeon of appropriate specialty must certify that the disability of the claimant, or claimant's spouse, is severe. The definition of a severely disabled person is any person having a great degree of impairment or who is greatly limited by a physical, mental, cognitive, or developmental condition.

I. TO BE COMPLETED BY A PHYSICIAN *(please print)*

Patient's Name: _____ Date of disability: _____

Description of patient's disability: _____

Identify: (1) the specific reasons why the disability necessitates a move to the replacement primary residence and (2) the disability-related requirements, including any locational requirements, of a replacement primary residence:

I am a licensed physician surgeon. My specialty is: _____

CERTIFICATION OF DISABILITY

I certify that in my medical opinion, the above-named patient does qualify as a disabled person according to the definition above.

SIGNATURE OF PHYSICIAN OR SURGEON ▶	DATE
PHYSICIAN OR SURGEON'S NAME <i>(print or type)</i>	DAYTIME PHONE NUMBER ()

II. TO BE COMPLETED BY CLAIMANT, CLAIMANT'S SPOUSE OR LEGAL GUARDIAN *(please print)*

NAME OF CLAIMANT	NAME OF SPOUSE OR LEGAL GUARDIAN
PROPERTY ADDRESS	ASSESSOR'S PARCEL/ID NUMBER

CERTIFICATE OF DISABILITY-RELATED REQUIREMENTS *(check A or B)*

A: 1. The claimant, spouse, or legal guardian must describe how the replacement primary residence meets the disability-related requirements identified in Part I *(Part I must be completed by a physician or surgeon)*:

AND

2. *I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to the replacement primary residence is to satisfy the identified disability-related requirements described in Part I.*

OR

B: *I certify (or declare) under penalty of perjury under the laws of the State of California that the primary purpose of the move to the replacement primary residence is to alleviate the financial burdens caused by the disability.*

Please explain: _____

SIGNATURE OF CLAIMANT, SPOUSE, OR LEGAL GUARDIAN ▶	PRINTED NAME
DAYTIME PHONE NUMBER ()	DATE
EMAIL ADDRESS	