20__ CLAIM FOR HOMEOWNERS' PROPERTY TAX EXEMPTION

If eligible, sign and file this form with the Assessor on or before February 15 or ***on or before the 30th day following the date of notice of supplemental assessment,*** *whichever comes first.*

ERNEST J. DRONENBURG JR., ASSESSOR
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SAN DIEGO, CA 92101
TELEPHONE: (619) 531-5772
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If you intend to own and occupy this property as your principal place of residence, please complete the following information to apply for a Homeowners' Exemption. If not, please discard this form. To receive the full value of the exemption ($7,000 off your assessed value for an annual savings of approximately $70 on your property taxes), please sign and return this form to the Assessor's Office.

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address)

PROPERTY DESCRIPTION

Parcel No.:
Address of Dwelling:

Print your Social Security or Tax Identification Number and name here

SSN/TIN: ___ - __ - ____

♦ **Name:** _____

Print co-owner's or spouse's Social Security or Tax Identification number and name when this property is also his/her principal residence

SSN/TIN: ___ - __ - ____

♦ **Name:** _____

This claim may be used to file for the Homeowners' Exemption for the Assessment Roll and the Supplemental Assessment Roll. A new owner must file a claim even if the property is already receiving the Homeowners' Exemption. Please carefully read the information and instructions before answering the questions listed below.

1. When did you acquire this property? _____ *(month/day/year)*

2. Date you occupied this property as your principal residence? _____ *(month/day/year)*

3. Do you own another property that is, or was, your principal place of residence in California? ☐ Yes ☐ No
   If YES, please provide the address below, and the date you moved out, if no longer your principal place of residence:

   Address: _____ *Street Address* _____ *City* _____ *Zip Code* _____ *month/day/year*

Only the owners or their spouses who occupy the above-described property (including a purchaser under contract of sale) or his or her legal representative may sign this claim. (If the property comprises more than one dwelling unit, other co-owner occupants may wish to file separate claims; however, only one exemption will be allowed per dwelling unit.)

If you are buying this property under an unrecorded contract of sale and the Assessor does not have a copy of the contract, you must attach a copy to this claim.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF OWNER-OCCUPANT	DATE
SIGNATURE OF OCCUPANT'S SPOUSE OR CO-OWNER-OCCUPANT	DATE
EMAIL ADDRESS	DAYTIME TELEPHONE NUMBER

IF YOU DO NOT OCCUPY THIS PARCEL AS YOUR PRINCIPAL RESIDENCE, PLEASE DISCARD THIS FORM.
If you occupy this parcel at a later date, contact the Assessor at that time.
PLEASE USE THE RETURN ENVELOPE PROVIDED.
THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION.