

# OFFICE OF ASSESSOR COUNTY OF ALAMEDA

1221 Oak St., County Administration Building Oakland, California 94612-4288 (510) 272-3787 / FAX (510) 272-3803

### RON THOMSEN ASSESSOR

### Information Regarding

## Claim of Person(s) at Least 55 Years of Age for Transfer of Base Year Value to Replacement Dwelling

You may be eligible to transfer the base-year value of your original residence to your replacement residence. Alameda County accepts base transfers from all counties. Please print this page with the Claim Form BOE-60-AH. You may also print the Claim of Person(s) at least 55 years of Age and Disabled Person(s) Information listed separately on the Forms Center.

If you would like to apply for this tax relief please submit the following:

- 1. Claim form.
- 2. Copy of identification that shows your date of birth such as a driver's license, birth certificate or passport.
- 3. Copy of property tax bill from your original residence if it was in another county.

Relief will be effective as of the later of either the date the replacement property was purchased or newly constructed or the date the original property sold. If you purchased your replacement property prior to selling your original residence you will receive a supplemental tax bill for your purchase of the replacement property. Approval of your claim does not mean you do not have to pay a tax bill. All tax bills must be paid when due even though you may be due a refund. The processing of claims can take several months.

Generally, this base-year value transfer is a one-time-only benefit. However if a person becomes disabled after receiving the property tax relief for age, the person may qualify for a second transfer because of the disability.

If you complete new construction on your replacement property within two years of the sale of the original property you may qualify for additional treatment under this claim.

This claim may be rescinded. To rescind this claim a written notice of recession must be delivered to the Assessor's Office. Please contact our office for specific criteria regarding time limits and fees.

If you have any questions regarding this matter call our office at (510) 272-3787.

BOE-60-AH (FRONT) REV. 11 (2-08)

# CLAIM OF PERSON(S) AT LEAST 55 YEARS OF AGE FOR TRANSFER OF BASE YEAR VALUE TO REPLACEMENT DWELLING

(INTRACOUNTY AND INTERCOUNTY, WHEN APPLICABLE)

RON THOMSEN, ASSESSOR 1221 Oak Street, Room 145 Oakland, CA 94612-4288 (510) 272-3787 / FAX (510) 272-3803

A. REPLACEMI	ENT DWELLING					
ASSESSOR'S PARCEL NUMBER			RECORDER'S DOCUMENT NUMBER			
DATE OF PURCHASE	PURCHASE PRICE	DATE OF C	OMBLETION	COST OF NEW CONSTRUCTIO	N.	
DATE OF FUNCTIAGE	\$	OF NEW Co	OMPLETION DNSTRUCTION	\$	N.	
PROPERTY ADDRESS (s	treet, city, county)					
	struction described		n a replacemer	nt dwelling which has alrea	ady been granted the benefit under section 69.5	
If yes, what was the	he date of your orig	inal claim? _				
B. ORIGINAL (F	FORMER) PROPER	RTY				
ASSESSOR'S PARCEL NUMBER		DATE OF SALE		SALE PRICE		
PROPERTY ADDRESS (street, city, county)					\$	
PROPERTY ADDRESS (S	rieer, city, county)					
	your principal place				□No	
the original prope	rty's latest tax bill a	nd any suppl	emental tax bi		placement property, you must attach a copy of e of sale. Also, was there any new construction yes, please explain:	
state? ☐ Yes	substantially damag □ No he date of the misfo		•		ernor-declared disaster) and sold in its damaged	
C. CLAIMANT I	NFORMATION (ple	ase print)				
NAME OF CLAIMANT					SOCIAL SECURITY NUMBER	
DATE OF BIRTH (provide copy of valid identification with date of birth)					AT LEAST AGE 55 Yes No	
NAME OF SPOUSE (provi	ide if the spouse is a record o	owner of the replac		SOCIAL SECURITY NUMBER		
DATE OF BIRTH				AT LEAST AGE 55  Yes No		
Have either you o	r your spouse previ	ously been (	granted relief u	ınder section 69.5 becaus	e of disability?	
			CEF	RTIFICATION		
granted relief under	section 69.5; (2) as a	claimant/occu	ıpant I/we occup		either of the claimant(s) above have previously beer described as my/our principal place of residence; and owledge and belief.	
SIGNATURE OF CLAIMANT					DATE	
SIGNATURE OF SPOUSE					DATE	
MAILING ADDRESS					DAYTIME PHONE NUMBER	
CITY, STATE, ZIP				( ) E-MAIL ADDRESS		
	ugh spaces above for about this form, plea				rmat on a separate sheet of paper and attach. If you	

Note: Unless you become disabled at a later date, this may be a one-time only exclusion.

#### **GENERAL INFORMATION**

California law allows any person who is at least 55 years of age (at the time of sale of original/former property) who resides in a property eligible for the homeowners' exemption (place of residence) or currently receiving the Disabled Veterans' Exemption to transfer the base year value of the original property to a replacement dwelling of equal or lesser value within the same county. For purposes of this exclusion, *original property* and *replacement dwelling* mean a building, structure, or other shelter constituting a place of abode which is owned and occupied by a claimant as his or her principal place of residence, and land eligible for the homeowner's exemption. If an original property is a multi-unit dwelling, each unit shall be considered a separate original property.

In addition, to qualify for transfer of a base year value to a replacement dwelling all the following requirements must be met: (1) the replacement dwelling must be purchased or newly constructed within two years of the sale of the original property; (2) the original property must be subject to reappraisal at its current fair market value in accordance with sections 110.1 or 5803 of the Revenue and Taxation Code or must receive a transferred base year value as determined in accordance with sections 69, 69.3 or 69.5 of the Revenue and Taxation Code, because the property qualifies as a replacement residence; and (3) a claim for relief must be filed within 3 years of the date a replacement dwelling is purchased or new construction of that replacement dwelling is completed. If you sold the original property to your parent, child, or grandchild and that person filed a claim for the parent-child or grandparent-grandchild change in ownership exclusion, then you may not transfer your base year value under section 69.5.

In general, equal or lesser value means that the fair market value of a replacement property on the date of purchase or completion of construction does not exceed **100 percent** of market value of original property as of its date of sale if a replacement dwelling is purchased **before** an original property is sold; **105 percent** of market value of original property as of its date of sale if a replacement dwelling is purchased within one year **after** the sale of the original property; **110 percent** of market value of the original property as of its date of sale if a replacement dwelling is purchased within the **second year after** the sale of the original property.

If the original property was substantially damaged or destroyed by misfortune or calamity (not a Governor-declared disaster) and sold in its damaged state, the fair market value of the property immediately preceding the damage or destruction is used for purposes of the equal or lesser value test. A property is "substantially damaged or destroyed" if it sustains physical damage amounting to more than 50 percent of its full cash value immediately prior to the misfortune or calamity.

If you are filing a claim for **additional treatment** under section 69.5 as the result of new construction performed on a replacement dwelling which 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 property; you have notified the Assessor in writing of the completion of new construction within 30 days 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 dwelling 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.

The disclosure of social security numbers by all claimants of a replacement dwelling is mandatory as required by Revenue and Taxation Code section 69.5. [See Title 42 United State Code, section 405(c)(2)(C)(i) which authorizes the use of social security numbers for identification purposes in the administration of any tax.] The numbers are used by the Assessor to verify the eligibility of persons claiming this exclusion and by the state to prevent multiple claims in different counties. This claim is not subject to public inspection.

If you feel you qualify for this exclusion, you must provide evidence that you are at least 55 years old and/or declare under penalty of perjury (see reverse) that you are least 55, and complete the reverse side of this form. Generally, claimants will be granted property tax relief under section 69.5 of the Revenue and Taxation Code only once. However, the Legislature created an exception to this one-time-only clause. If a person becomes disabled **after** receiving the property tax relief for age, the person may transfer the base year value a second time because of the disability. A separate form for disability must be filed. Contact the Assessor.

If your claim is approved, the base year value will be transferred to the replacement dwelling as of the **latest** qualifying event — the sale of the original property, the purchase of the replacement dwelling, or the completion of construction of the replacement dwelling. This means that if you purchase or construct your replacement dwelling **first** and sell your original property **second**, you will be responsible for the increased taxes on your replacement dwelling until your original property is sold.

**Please Note:** Transfers between counties are allowed only if the county in which the replacement dwelling is located has passed an authorizing ordinance. The acquisition of the replacement dwelling must occur on or after the date specified in the county ordinance.

(Please complete applicable information on reverse side.)