

#### COUNTY OF ALAMEDA PHONG LA, ASSESSOR

1221 Oak St., Rm 145 Oakland, Ca. 94612-4288 (510) 272-3770 Fax (510) 272-3803 www.acgov.org/assessor

## HOMEOWNERS' EXEMPTION TERMINATION NOTICE

# You must notify the Assessor whenever a property you own is no longer eligible for a Homeowners' Exemption. To avoid potential penalties, this must be done by December 10<sup>th</sup> of the year in which the change occurs.

You are entitled to a Homeowners' Exemption on one property in California. A property is eligible for a Homeowners' Exemption if you own <u>and</u> occupy it as your primary residence on January 1<sup>st</sup>. A property is not eligible for an exemption if it is rented, unoccupied, or used as a vacation or secondary home. Failure to notify the Assessor may result in escape assessments and/or penalties and interest for the exempted taxes.

### I do not qualify for the Homeowners' Exemption on the property located at:

### Assessor Parcel Number: (Please Print)

### **Property Address:**

#### **Property Owner:**

| Last Name        | First N   | ame                  | Middle                            |  |
|------------------|---|----------------------|-----------------------------------|--|
| Please check the | e appropriate box be  | low:                 |                                   |  |
| I/we do not      | occupy the property as  | a principal residend | ce as of (date):                  |  |
| This propert     | ty is a rental, vacation o  | r secondary home     | as of (date):                     |  |
| This propert     | ty is vacant or unoccupi  | ed as of (date):     |                                   |  |
| I/we no long     | er own the property as  | of (date):           |                                   |  |
| The propert      | y owner is deceased. Th   | ne date of death is  | (date):                           |  |
| I/we have a      | I/we have an exemption on another property in California (address): |                      |                                   |  |
| Other reaso      | n and date of change:   |                      |                                   |  |
| Current Mailing  | Address:  |                      | This is my new primary residence. |  |
| Street Address   |   |                      |                                   |  |
| City             | State   | Zip                  | ()<br>Daytime Phone Number        |  |
| Signature        |   | Date                 | Email                             |  |
| U                |   |                      |                                   |  |

