

James B Rooney Assessor of Amador County 810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

## 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  | appropriate box be         | low:                 |                                     |  |
| I/we do not o   | occupy the property as     | a principal residenc | ce as of (date):                    |  |
| This propert  | y is a rental, vacation or | secondary home a     | as of (date):                       |  |
| This propert  | y is vacant or unoccupie   | ed as of (date):     |                                     |  |
| □ I/we no long  | er own the property as     | of (date):           |                                     |  |
| □ The property  | y owner is deceased. Th    | ne date of death is  | (date):                             |  |
| 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                               |  |
|   |                            |                      |                                     |  |

