# APARTMENT HOUSE PROPERTY STATEMENT FOR 2021

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2021)



Enter location of general ledger and all related accounting records <i>(include zip code)</i> :   STREET CITY STATE ZIP   Enter name and telephone number of authorized person to contact at location of accounting records: (1) Did any individual or legal entity (corporation, partnership limited liability company, etc.) acquire a "controlling interest" (see instructions for definition) in this business entity?   CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.   1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new owner:   Name   (3) If YES to both questions (1) and (2), filer must submit form	RETURN THIS ORIGINAL FORM	1. COPIES WILL N	OT BE ACCEP1	ſED.							
MARE AND MURIPHING AND ADDRESS OF OWNER OF SUCH PROPERTY       LOCATION OF THE PROPERTY (pired, cby)         (Make meansary corrections to the privided name and mailing address.)       LOCATION OF THE PROPERTY (pired, cby)         (Make meansary corrections to the privided name and mailing address.)       LOCATION OF THE PROPERTY (pired, cby)         (Make meansary corrections to the privided name and mailing address.)       LOCATION OF THE PROPERTY (pired, cby)         (Make meansary corrections to the mailing address.)       Location of units of the mailing address.         (Make meansary corrections to the property as a fire to cated)       That         (Make meansary corrections to demand mailing address.)       If yes, enter to wint units meansary to correct in the mailing address.         (Make meansary corrections to demand mailing address.)       (I) Dual main the time of the main at the time of the main at the time of the main at the time of the main in the main of the content of the main in the main of the content of the main in the main of the content of the main in the main of the content of the main in the main of the content of the property is no main property (pired, cher)         (Make and backed accounting rectar)       (D) Cher main submit for the content of the property as of almosy to the main and mailing address of the main submit for content on the property is no main property (pired, cher)         (Make and backed accounting rectar)       (D) Cher main submit for the content of the property is no main properis (pired, cher)         (Mak	FILE RETURN BY APRIL 1, 202	1									
L     Do you live in one of the units?     Yes     No     Yes	NAME AND MAILING ADDRESS				Г						
L     Do you live in one of the units?     Yes     No     Yes											
						2. Ei	nter the tota	I number of units for	or the location listed.		
A dotress  The formal Address  The formal and a lease of an any the factor of general ledger and all related accounting records ( <i>include zip</i> code):  The formal and the lease of an any the factor of general ledger and all related accounting records ( <i>include zip</i> code):  The factor of general ledger and all related accounting records ( <i>include zip</i> code):  The factor of general ledger and all related accounting records ( <i>include zip</i> code):  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records ( <i>include zip</i> code):  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting records:  The factor of general ledger and all related accounting rec	L										
A construction of general ledger and all related accounting records ( <i>include zip</i> code):   TREET	Local Telephone Number		Fax Numbe	۶r							
	Email Address							riod of January 1,	2020 through December 31,		
	Enter location of general ledger and	all related accounting	records (include z	zip code):				ndividual or legal e	entity (corporation partnership		
The name and telephone number of authorized person to contact at location of accounting records:	STREET		CITY	S	_ ('	limited liability company, etc.) acquire a "controlling interest" (see instructions for definition) in this business					
The number of authorized person to contact al location of accounting records:					_						
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. 1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the own own of this property is of January 1 of this year, show the name and mailing address of the own	Enter name and telephone number o	of authorized person to	contact at location	on of accounting rec	ords:			No			
Autor Abbot Not Cale of the property as of January 1 of this year, show the name and mailing address of the name     acquisition?     acq						(2					
1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new owner.       Yes       No         Name								,	n California at the time of the		
Maiing Address       BOE-100-8, Statement of Change in Control and Ownership         City and State       Zip Code         a. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your personal state instructions for filing requirements.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         S. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?       Yes       No       If yes, list below.         Yes       No       If yes, list below.       QUANTITY AND DESCRIPTION       ASSESSOR'S USE ONLY         6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stores and refrigerators, not built-in), and urfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live.       Image: Cost       Image: Cost         FULLY FURNISHED       SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       3 BEDRM.       Image: Cost         ONFULUSIED       Supplies       Cost       Image: Cost       Image: Cost       Image: Cost         0. Other furniture and appliances       Enter From Schedule A       Image: Cost       Image: Cost       Image: Cost	owner:				0		Yes	No	and (2) filer must submit form		
City and State       Zip Code       instructions for filing requirements.         4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises? Yes       No       If yes, list below.       ASSESSOR'S USE ONNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? Yes       No       If yes, list below.       ASSESSOR'S USE ONLY         6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unturnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live.       3 BEDRM.       1 BEDRM.								BOE-100-B, Statement of Change in Control and Ownership			
Only and State       Lip Code         4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your permises? Yes       No If yes, list below.       ASSESSOR'S USE ON PROPERTY       ASSESSOR'S USE ON PROPERTY         5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? Yes       Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         Set No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         Set No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION         Image: Set Of the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live.       3 BEDRM.       LARGER         FULLY FURNISHED         Image: Set Output         TOTAL PURI VENTS         TOTAL S         TOTAL PUL VALUE         TOTAL PUL VALUE         ONH         TOTAL PUL VALUE         TOTAL PUL	Ū.										
premises?       Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       NATURE OF THE BUSINESS OR PROPERTY       ASSESSOR'S USE ONLY         5.       Do you hold fumiture or equipment belonging to others on a loan, rental, or lease basis?       Yes       No       If yes, list below.         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION       ASSESSOR'S USE ONLY         NAME AND ADDRESS OF OWNER OF SUCH PROPERTY       QUANTITY AND DESCRIPTION       Assessment of the property of the number of fully furnished, partly furnished (a, stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live.       IARGER         FULLY FURNISHED       Ist. PROOM       STUDIO       1 BEDRM.       2 BEDRM.       3 BEDRM.       LARGER         FULLY FURNISHED       Ist. ProoM       STUDIO       1 BEDRM.       2 BEDRM.       Ist. ProoM       Ist	City and State	City and State Zip Code									
ASSESSOR'S USE ONLY  S. Do you hold fumiture or equipment belonging to others on a loan, rental, or lease basis? Yes No if yas, list below.  NAME AND ADDRESS OF OWER OF SUCH PROPERTY QUANTITY AND DESCRIPTION  6. ENTER BELOW the number of fully fumished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live.  FULLY FURNISHED FURNISHEFT FURNISH			s do business or c	wn personal proper	rty (other than house	ehold furi	niture and p	ersonal effects of y	our tenants) located on your		
Image: No and provide the second of the s	NAME AND ADDRESS OF O	NA	SINESS	OR PROPE	RTY						
Yes         No         If yes, list below.           NAME AND ADDRESS OF OWNER OF SUCH PROPERTY         QUANTITY AND DESCRIPTION           Name AND ADDRESS OF OWNER OF SUCH PROPERTY         QUANTITY AND DESCRIPTION           Image: Stream of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unturnished units. Also complete schedule A. Do not include, either here or in Schedule A, any unit in which you live.         Image: Stream of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unturnished units. Also complete schedule A. Do not include, either here or in Schedule A, any unit in which you live.         Image: Stream of fully furnished (e.g., stoves and refrigerators, not built-in), and unturnished units. Also complete schedule A. Do not include, either here or in Schedule A, any unit in which you live.         Image: Stream of fully furnished (e.g., stoves and refrigerators, not built-in), and unturnished units. Also complete schedule A. Do not include, either here or in Schedule A, any unit in which you live.         Image: Stream of fully furnished (e.g., stoves and refrigerators, not built-in), and unturnished units.         Image: Stream of fully furnished (e.g., stoves and refrigerators, not built-in), and unturnished units.           FULLY FURNISHED         Stream of fully furnished (e.g., stoves and refrigerators)         Image: Stream of fully furnished (e.g., stoves)         Image: Stream of fully furnished (e.g., stoves)           Other furniture and appliances         Enter From Schedule A         Image: Stream of fully furnished (e.g., furnished (e.g., furnished (e.g., furnished (e.g., furnished (e.g., furnished (e.g., furnished (f.g., furnished (f.g.,											
6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live.         SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       3 BEDRM.       LARGER         FULLY FURNISHED       Image: Complete Schedule A       Image: Complete Schedule A       Image: Complete Schedule A       Image: Complete Schedule A         PARTLY FURNISHED       Image: Complete Schedule A       Image: Complete Schedule A       Image: Complete Schedule A       Image: Complete Schedule A         PARTLY FURNISHED       Image: Complete Schedule A       Image: Complete Schedule A       Image: Complete Schedule A       Image: Complete Schedule A         10.       Image: Complete Schedule A         10.       Image: Complete Schedule A	, , , , , , , , , , , , , , , , , , , ,		ers on a loan, ren	I Ital, or lease basis?							
Schedule A. on vinit in which you live.         SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       3 BEDRM.       LARGER         FULLY FURNISHED       I       I       I       I       I         PARTLY FURNISHED       I       I       I       I       I         UNFURNISHED       I       I       I       I       I         UNFURNISHED       I       I       I       I       I         TOTALS       I       I       I       I       I       I         7. Supplies       I       I       I       I       I       I       I         8. Furniture and appliances       Enter From Schedule A       Enter From Schedule A       I       I       I       I         10.       I       I       I       I       I       I       I       I         I <th>NAME AND ADDRESS OF C</th> <th colspan="5">QUANTITY AND DESCRIPTION</th> <th>-</th>	NAME AND ADDRESS OF C	QUANTITY AND DESCRIPTION					-				
Schedule A. on vinit in which you live.         SLP. ROOM       STUDIO       1 BEDRM.       2 BEDRM.       3 BEDRM.       LARGER         FULLY FURNISHED       I       I       I       I       I         PARTLY FURNISHED       I       I       I       I       I         UNFURNISHED       I       I       I       I       I         UNFURNISHED       I       I       I       I       I         TOTALS       I       I       I       I       I       I         7. Supplies       I       I       I       I       I       I       I         8. Furniture and appliances       Enter From Schedule A       Enter From Schedule A       I       I       I       I         10.       I       I       I       I       I       I       I       I         I <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td>									_		
FULLY FURNISHEDImage: style			ators, not built-in), a	and unfur	nished unit	s. Also complete					
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TOTALSImage: Constraint of the second s	PARTLY FURNISHED										
7. Supplies       Cost         8. Furniture and appliances       Enter From Schedule A         9. Other furniture and equipment       Enter From Schedule B         10.       TOTAL FULL VALUE         V       TOTAL FULL VALUE         PERSONAL PROPERTY       FIXTURES         OTHER IMPROVEMENTS       OTHER IMPROVEMENTS	UNFURNISHED										
8. Furniture and appliances       Enter From Schedule A       Image: Constraint of the state of the	TOTALS										
9. Other furniture and equipment Enter From Schedule B Enter From	7. Supplies	<u> </u>			-1	Cost					
9. Other furniture and equipment Enter From Schedule B Enter From											
10.  10.  TOTAL FULL VALUE  PERSONAL PROPERTY  FIXTURES  OTHER IMPROVEMENTS		t									
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THIS STATEMENT SUBJECT TO AUDIT



#### EF-571-R-R23-0520-22000199-2

#### BOE-571-R (P2) REV. 23 (05-20)

SCHEDULES OF DEPRECIABLE PROPERTY — SCHEDULES A and B. Items may be listed separately within the year of acquisition on a separate schedule, or items may be grouped by year of acquisition and listed on the schedules below. If you purchased the property as a unit, report on Schedules A & B the previous owner's original cost by the original year of acquisition of the furniture and equipment that was included in your purchase.

Enter the total installed cost including freight, excise taxes, and sales and use taxes of all furniture, and other equipment located on the premises. **Include fully depreciated items**. Do not include licensed vehicles. Depreciation schedules may be attached if they provide the desired information.

SCHEDULE A FURNITURE AND APPLIANCES (include items in storage, do not include built-ins)			SCHEDULE B OTHER FURNITURE AND EQUIPMENT (office, lobby, laundry, pool, vending, signs, fire extinguishers)						
Year of Acquisition	Original Installed Cost (NOT depreciated book value)	FOR ASSESSO	FOR ASSESSOR'S USE ONLY		Original Installed Cost	FOR ASSESSO	FOR ASSESSOR'S USE ONLY		
		Factor	Value	Acquisition	(NOT depreciated book value)	Factor	Value		
2020				2020					
2019				2019					
2018				2018					
2017				2017					
2016				2016					
2015				2015					
2014				2014					
2013				2013					
2012				2012					
2011				2011					
2010 & prior				2010 & prior					
TOTAL COST Enter on line 8,				TOTAL COS Enter on line					

REMARKS:

# DECLARATION BY ASSESSEE

#### Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.

I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 2021.

OWNERSHIP TYPE (☑)		SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE	
		NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE	
Proprietorship				
Partnership		NAME OF LEGAL ENTITY (other than DBA) (typed or printed)	FEDERAL EMPLOYER ID NUMBER	
Corporation				
Other		PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER	TITLE
			( )	

\*Agent: See page 3 for Declaration by Assessee instructions.



# INSTRUCTIONS

The Revenue and Taxation Code of the State of California requires that every person, upon request of the Assessor, shall file a written property statement under penalty of perjury with the Assessor within such time as the Assessor may appoint. Please complete this form according to the numbered instructions provided below as your statement of furnishings and related equipment owned, possessed or controlled by you as of 12:01 a.m., January 1, this year at the location listed. Property which you are purchasing under a conditional sales contract must be included. **Return the completed statement form to the Assessor on or before the date stated in the official requirement section.** In all instances, you must return the original BOE-571-R.

### LINE 3. PROPERTY TRANSFER

**Real Property** – For purposes of reporting a change in control, real property includes land, structures, or fixtures owned or held under lease from (1) a private owner if the remaining term of the lease exceeds 35 years, including written renewal options, (2) a public owner (any arm or agency of local, state, or federal government) for any term or (3) mineral rights owned or held on lease for any term, whether in production or not.

**Controlling Interest –** When any person or legal entity obtains more than 50 percent of the voting stock of a corporation, or more than a 50 percent ownership interest in any other type of legal entity. The interest obtained includes what is acquired directly or indirectly by a parent or affiliated entity.

**Forms, Filing Requirements & Penalty Information –** Contact the Legal Entity Ownership Program Section at 916-274-3410 or refer to the Board's website at *www.boe.ca.gov* to obtain form BOE-100-B, applicable filing requirements, and penalty information.

- LINE 4. Check the appropriate box. If yes is checked, enter the name and address of the owner of the furniture or equipment. Briefly describe the nature of the business or property. **Do not** report household furnishings owned by tenants and used in their living quarters, or other personal property owned or controlled by tenants.
- LINE 5. Check the appropriate box. If yes is checked, enter the name and address of the owner or lessor and the quantity and description of the furniture or equipment. The lessor of the items will be asked to declare them.
- LINE 6. Enter the number of fully furnished, partly furnished, and unfurnished units in the appropriate column or columns. If the owner of the building (other than a corporation) occupies a unit as his living quarters, do not include it. Please indicate in the **REMARKS** area the items contained in a typical PARTLY FURNISHED apartment of each size. A *sleeping room* is a room with no kitchen facilities; a *studio* contains a kitchen and a convertible living room; a *1 bedrm*. contains a bedroom, living room, kitchen, etc. Attach additional sheets if necessary.
- LINE 7. Enter the cost of supplies that are on hand at 12:01 a.m. on January 1 of this year. Include janitorial and pool supplies, whether carried in your asset accounts or expensed.
- LINES 8 and 9. Enter the total cost from Schedules A and B.
- **SCHEDULE A.** Complete the schedule as instructed. If a portion of the furniture used in your rental units has been placed in storage, include the cost in the schedule and enter in the remarks the address where stored. **Do not** include built-in appliances, installed carpeting, or drapes as furniture; such items are considered part of the building. **Include** ranges, refrigerators, dishwashers, etc., if not built-in.
- **SCHEDULE B.** Complete the schedule as instructed. **Include** all equipment not reported in Schedule A. If you care to attach a schedule listing types of equipment separately, you may do so.

## **DECLARATION BY ASSESSEE**

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a **corporation**, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a **partnership**, the declaration must be signed by a partner or an authorized employee or agent. In the case of a **Limited Liability Company** (LLC), the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.

THIS STATEMENT IS NOT A PUBLIC DOCUMENT. THE INFORMATION DECLARED WILL BE HELD SECRET BY THE ASSESSOR.

