BOE-19-D (P1) REV. 02 (05-22)

## **CLAIM FOR TRANSFER OF BASE YEAR VALUE TO** REPLACEMENT PRIMARY RESIDENCE FOR SEVERELY AND PERMANENTLY DISABLED PERSONS

Applies to base year value transfers occurring on or after April 1, 2021.

## Include form BOE-19-DC, Certificate of Disability, when filing this form.

**Xochitl Marina Camacho Monterey County Assessor** P. O. Box 570

Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435

assessor@co.monterey.ca.us

A. REPLACEMENT PRIMARY RESID	DENCE			
SESSOR'S PARCEL/ID NUMBER RECORDER'S DOCUMENT NUMBER (if known)			own)	
DATE OF PURCHASE	DAT	DATE OF COMPLETION OF NEW CONSTRUCTION (if applicable)		
PURCHASE PRICE		ST OF NEW CONSTRUC	CTION (if applica	able)
\$	\$			Lagrana
PROPERTY ADDRESS	CITY	Y		COUNTY
l. Do you occupy the replacement prin				
2. Is this property a multi-unit property?	? 🔲 Yes 🗌 No <b>If yes</b> , which uni	it is your principa	al residenc	e?
3. Is the new construction described pe ransfer within the past two years?	rformed on a replacement primary res Yes No <b>If yes</b> , what was the		•	•
B. ORIGINAL PRIMARY RESIDENCE		,	<u> </u>	
SSESSOR'S PARCEL/ID NUMBER	, ,			
DATE OF SALE	SALF	E PRICE		
	\$			
PROPERTY ADDRESS	CIT	ΓΥ		COUNTY
Maa this property your principal resi				
I. Was this property your principal resi	dence? 🗌 Yes 🔲 No Date prop	perty was no lor	nger your p	rincipal residence:
	_ ' '	•		·
2. Was this property a multi-unit proper	ty?  Yes  No If yes, which u	ınit was your pri	ncipal resid	lence?
2. Was this property a multi-unit proper 3. Did this property transfer to your gran	ty?  Yes  No <b>If yes</b> , which undparent(s), parent(s), child(ren) or gr	init was your prii randchild(ren)?	ncipal resid	lence?
2. Was this property a multi-unit proper	ty?  Yes  No <b>If yes</b> , which undparent(s), parent(s), child(ren) or gr	init was your prii randchild(ren)?	ncipal resid	lence?
<ol> <li>Was this property a multi-unit proper</li> <li>Did this property transfer to your grar</li> <li>Was there any new construction to the</li> </ol>	Tty? Yes No If yes, which undparent(s), parent(s), child(ren) or grais property since the last tax bill(s) are	init was your prii randchild(ren)? nd before the dat	reside residence residence residence reside	lence?No Yes No nce, you must attach a copy
<ul> <li>2. Was this property a multi-unit proper</li> <li>3. Did this property transfer to your grand</li> <li>4. Was there any new construction to the lif yes, please explain:</li> <li>Note: If the property is located in a construction</li> </ul>	rty? Yes No If yes, which undparent(s), parent(s), child(ren) or grais property since the last tax bill(s) and different county than that of the regrety tax bill and any supplemental tax	init was your prii randchild(ren)? nd before the dat	reside residence residence residence reside	lence?No Yes No nce, you must attach a copy
2. Was this property a multi-unit property.  3. Did this property transfer to your grands.  4. Was there any new construction to the lifyes, please explain:  Note: If the property is located in a content of the original residence's latest property.	rty? Yes No If yes, which undparent(s), parent(s), child(ren) or grais property since the last tax bill(s) and different county than that of the regrety tax bill and any supplemental tax	init was your prii randchild(ren)? nd before the dat placement prim ax bill(s) issued	Yes [ te of sale?  ary reside before the	lence?No Yes No nce, you must attach a copy
2. Was this property a multi-unit proper 3. Did this property transfer to your grar 4. Was there any new construction to the 1f yes, please explain:  Note: If the property is located in a content of the original residence's latest proper C. CLAIMANT INFORMATION (pleas)	Tty? Yes No If yes, which undparent(s), parent(s), child(ren) or grais property since the last tax bill(s) and different county than that of the reporty tax bill and any supplemental taxs are print)	init was your prii randchild(ren)? nd before the dat placement prim ax bill(s) issued	Yes [ te of sale?  ary reside before the	lence? No Yes No nce, you must attach a copye date of sale.
2. Was this property a multi-unit proper 3. Did this property transfer to your grar 4. Was there any new construction to the 1f yes, please explain:  Note: If the property is located in a content of the original residence's latest proper C. CLAIMANT INFORMATION (pleas)	rty?  Yes  No If yes, which undparent(s), parent(s), child(ren) or grais property since the last tax bill(s) and different county than that of the reporty tax bill and any supplemental tax se print)  social security in appropriate specialty complete Borden granted relief for age or disability.	init was your print randchild(ren)? and before the date placement prime ax bill(s) issued aumber.  OE-19-DC, Cert ity under section	recipal residence of sale?  ary residence of the sale of sale?	lence? No Yes No nce, you must attach a copy e date of sale.  EVERELY AND PERMANENTLY DISABLED No Disability. Cle XIII A (Proposition 19)?
2. Was this property a multi-unit property. 3. Did this property transfer to your grand. Was there any new construction to the lifyes, please explain:  Note: If the property is located in a control of the original residence's latest propect.  C. CLAIMANT INFORMATION (pleating Name of CLAIMANT)  NOTE: Please have a physician of Have you or your spouse previously to the property is located in a control of	rty?  Yes  No If yes, which undparent(s), parent(s), child(ren) or grais property since the last tax bill(s) and different county than that of the reporty tax bill and any supplemental tax se print)  social security in appropriate specialty complete Borden granted relief for age or disability.	init was your print randchild(ren)? and before the date placement prime ax bill(s) issued aumber.  OE-19-DC, Cert ity under section	recipal residence of sale?  ary residence of the sale of sale?	lence? No Yes No nce, you must attach a copy e date of sale.  EVERELY AND PERMANENTLY DISABLED No Disability. Cle XIII A (Proposition 19)?
2. Was this property a multi-unit property. 3. Did this property transfer to your grand. Was there any new construction to the lifyes, please explain:  Note: If the property is located in a control of the original residence's latest propect.  C. CLAIMANT INFORMATION (pleating Name of CLAIMANT)  NOTE: Please have a physician of Have you or your spouse previously to the property is located in a control of	rty?  Yes  No If yes, which undparent(s), parent(s), child(ren) or grais property since the last tax bill(s) and different county than that of the reporty tax bill and any supplemental tax se print)  social security in appropriate specialty complete Borden granted relief for age or disability.	init was your print randchild(ren)? and before the date placement prime ax bill(s) issued and before the date by the control of the control o	recipal residence of sale?  ary residence of the sale of sale?	lence? No Yes No nce, you must attach a copy e date of sale.  EVERELY AND PERMANENTLY DISABLED No Disability. Cle XIII A (Proposition 19)?
2. Was this property a multi-unit proper 3. Did this property transfer to your gran 4. Was there any new construction to the lif yes, please explain:  Note: If the property is located in a content original residence's latest prope  C. CLAIMANT INFORMATION (pleat NAME OF CLAIMANT  NOTE: Please have a physician of Have you or your spouse previously to the Yes No  If yes, please provide the county(ies)  I certify (or declare) under penalty of perprimary residence described above as residence described above as residence in the property of the primary residence described above as residence des	rty? Yes No If yes, which undparent(s), parent(s), child(ren) or grais property since the last tax bill(s) and different county than that of the reporty tax bill and any supplemental tax se print)  social security is social security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty in appropriate specialty in appropriate specialty in appropriate specialty in appropriate special speci	init was your print randchild(ren)? and before the date placement primax bill(s) issued and before the date placement primax bill(s) issued and before the date placement primax bill(s) issued and before the date placement primax bill(s) issued and bil	Yes [ te of sale?  ary reside before the  sificate of L 2.1 of artic f was grant a claimant	lence? No Yes No nce, you must attach a copy e date of sale.  EVERELY AND PERMANENTLY DISABLED No Disability. cle XIII A (Proposition 19)?  red. //occupant I occupy the replacent
2. Was this property a multi-unit property. 3. Did this property transfer to your grand. Was there any new construction to the lifyes, please explain:  Note: If the property is located in a control of the original residence's latest propect.  C. CLAIMANT INFORMATION (pleat NAME OF CLAIMANT  NOTE: Please have a physician of Have you or your spouse previously to the Yes No  If yes, please provide the county(ies)	rty? Yes No If yes, which undparent(s), parent(s), child(ren) or grais property since the last tax bill(s) and different county than that of the reporty tax bill and any supplemental tax se print)  social security is social security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty in appropriate specialty complete Borden granted relief for age or disability and Assessor's Parcel/ID Number(security in appropriate specialty in appropriate specialty in appropriate specialty in appropriate specialty in appropriate special speci	init was your print randchild(ren)? and before the date placement prime ax bill(s) issued at the control of the	Yes [ te of sale?  ary reside before the  sificate of L 2.1 of artic f was grant a claimant	lence? No Yes No nce, you must attach a copy e date of sale.  EVERELY AND PERMANENTLY DISABLED No Disability. cle XIII A (Proposition 19)?  red. //occupant I occupy the replacent
2. Was this property a multi-unit proper 3. Did this property transfer to your gran 4. Was there any new construction to the lifyes, please explain:  Note: If the property is located in a control of the original residence's latest prope  C. CLAIMANT INFORMATION (plean NAME OF CLAIMANT  NOTE: Please have a physician of Have you or your spouse previously to the you or your spouse previously to the yes, please provide the county(ies)  I certify (or declare) under penalty of perprimary residence described above as a complete to the best of my knowledge and the county of the primary residence described above as a complete to the best of my knowledge and the county of the county of the primary residence described above as a complete to the best of my knowledge and the county of the county of the primary residence described above as a complete to the best of my knowledge and the county of the	rty? Yes No If yes, which undparent(s), parent(s), child(ren) or grais property since the last tax bill(s) and different county than that of the regrety tax bill and any supplemental tax se print)  appropriate specialty complete Body been granted relief for age or disability and Assessor's Parcel/ID Number(section of the state of Californy principal place of residence; and (2) and belief.	init was your print randchild(ren)? and before the date placement prime ax bill(s) issued and before the date placement prime ax bill(s) issued at the control of the contr	recipal residence of sale?  ary residence of the sale of sale?  ary residence of the sale of the sale of sale?  ary residence of the sale of s	lence? No Yes No nce, you must attach a copy e date of sale.  EVERELY AND PERMANENTLY DISABLED No Disability. Cle XIII A (Proposition 19)?  Led.  Loccupant I occupy the replacent mation hereon, is true, correct,
2. Was this property a multi-unit property. 3. Did this property transfer to your grand. Was there any new construction to the lifyes, please explain:  Note: If the property is located in a contract of the original residence's latest property.  C. CLAIMANT INFORMATION (plean NAME OF CLAIMANT)  NOTE: Please have a physician of Have you or your spouse previously to the your spouse previously to the yes, please provide the county(ies).  I certify (or declare) under penalty of perprimary residence described above as a complete to the best of my knowledge and signature of CLAIMANT.	rty? Yes No If yes, which undparent(s), parent(s), child(ren) or grais property since the last tax bill(s) and different county than that of the regrety tax bill and any supplemental tax se print)  appropriate specialty complete Body been granted relief for age or disability and Assessor's Parcel/ID Number(section of the state of Californy principal place of residence; and (2) and belief.	init was your print randchild(ren)? and before the date of the dat	recipal residence of sale?  ary residence of the sale of sale?  ary residence of the sale of the sale of sale?  ary residence of the sale of the sale of sale	lence? No Yes No nce, you must attach a copy e date of sale.  EVERELY AND PERMANENTLY DISABLED No Disability. Cle XIII A (Proposition 19)?  Led.  Loccupant I occupy the replaced mation hereon, is true, correct,

All information provided on this form is subject to verification.

IF YOUR APPLICATION IS INCOMPLETE, YOUR CLAIM MAY NOT BE PROCESSED. THIS CLAIM IS CONFIDENTIAL AND NOT SUBJECT TO PUBLIC INSPECTION



## **GENERAL INFORMATION**

Beginning April 1, 2021, section 2.1(b) of article XIII A of the California Constitution, implemented by Revenue and Taxation Code section 69.6, allows an owner of a primary residence who is severely and permanently disabled to transfer the factored base year value of their primary residence in California to a replacement primary residence that is located anywhere in California. To qualify for the base year value transfer, the following requirements must be met:

- · The original primary residence must be sold.
- The original primary residence must have been your principal place of residence (thus, eligible for the homeowners' or disabled veterans' exemption) either (1) at the time of sale, or (2) within two years of the purchase of your replacement primary residence.
- The replacement primary residence must be purchased or newly constructed within two years of the sale of the original primary residence.
- Claimant must own and occupy the replacement primary residence as a principal place of residence (thus, eligible for the homeowners' or disabled veterans' exemption) at the time this claim is filed.
- Either (1) the sale of the original primary residence, or (2) the purchase or completion of new construction of the replacement primary residence must occur on or after April 1, 2021.

If the replacement primary residence is of equal or lesser value than the original primary residence, the factored base year value of the original primary residence becomes the base year value of the replacement primary residence. "Equal or lesser value" means the full cash value of the replacement primary residence does not exceed one of the following, which is based on the date of sale of the original primary residence and the date of purchase or completion of new construction of the replacement primary residence:

- 100 percent of the full cash value of the original primary residence if a replacement primary residence is purchased or newly constructed **before** the sale of the original primary residence.
- 105 percent of the full cash value of the original primary residence if a replacement primary residence is purchased or newly constructed within the **first** year after the sale of the original primary residence.
- 110 percent of the full cash value of the original primary residence if a replacement primary residence is purchased or newly constructed within the **second** year after the sale of the original primary residence.

If the full cash value of the replacement primary residence is of greater value than the adjusted full cash value of the original primary residence, partial relief is available. The difference between the adjusted full cash value of the original primary residence and the full cash value of the replacement primary residence will be added to the factored base year value that is transferred to the replacement primary residence.

Under Revenue and Taxation Code section 110(b), "full cash value" is presumed to be the purchase price, unless it is established by evidence that the real property would not have transferred for that purchase price in an open market transaction.

If the replacement primary residence is partly purchased and partly constructed, then the full cash value for both land and improvements is determined as either the date of purchase or the date of completion of new construction, which occurs last. A homeowner who is at least age 55 or severely disabled may transfer their base year value up to three times.

The disclosure of the social security number by the claimant of a replacement primary residence is mandatory. The number is used by the Assessor to verify the eligibility of the person claiming this exclusion and by the State of California to prevent more than three base year value transfers. This claim is confidential and not subject to public inspection.

A claim must be filed with the Assessor of the county in which the replacement property is located.

If you believe that you qualify for this exclusion, in addition to completing the reverse side of this form, you must also complete and submit form BOE-19-DC, Certificate of Disability. On the Certificate of Disability, you must provide either of the following:

- Certification, signed by a licensed physician or surgeon of appropriate specialty, stating the specific reasons that the disability necessitates the move to a replacement primary residence and that the replacement primary residence meets the disability-related requirements, including any locational requirements. In lieu of such a certification, if you or your spouse or guardian so declare under penalty of perjury, it shall be rebuttably presumed that the primary purpose of the move to the replacement primary residence is to satisfy identified disability-related requirements; or
- Evidence substantiating that the primary purpose of the move to the replacement primary residence is to alleviate financial burdens caused by the disability. Alternatively, if you or your spouse or guardian so declare under penalty of perjury, it shall be rebuttably presumed that the primary purpose of the move is to alleviate the financial burdens caused by the disability.



## **GENERAL INFORMATION**

Revenue and Taxation Code section 74.3(b) defines a severely and permanently disabled person as "... any person who has a physical disability or impairment, whether from birth or by reason of accident or disease, that results in a functional limitation as to employment or substantially limits one or more major life activities of that person, and that has been diagnosed as permanently affecting the person's ability to function, including, but not limited to, any disability or impairment that affects sight, speech, hearing, or the use of any limbs."

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

If you are filing a claim for additional treatment as the result of new construction performed on a replacement primary residence that has already been granted the benefit, you must complete the first page of this form and include a description of the new construction in Section B.4, if applicable. You may be eligible if the new construction is completed within two years of the date of sale of the original primary residence; you have notified the Assessor in writing of the completion of new construction within 6 months 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 primary residence 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.

