

**CLAIM FOR TRANSFER OF BASE YEAR VALUE TO REPLACEMENT PRIMARY RESIDENCE FOR VICTIMS OF WILDFIRE OR OTHER NATURAL DISASTER**



JEFFREY PRANG  
ASSESSOR

JEFF PRANG, ASSESSOR  
COUNTY OF LOS ANGELES • OFFICE OF THE ASSESSOR  
500 WEST TEMPLE STREET, ROOM 225  
LOS ANGELES, CA 90012-2770 • Telephone 213.974.3211  
Email: Oservices@assessor.lacounty.gov  
Website: assessor.lacounty.gov  
Si desea ayuda en Español, llame al número 213.974.3211

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

**A. REPLACEMENT PRIMARY RESIDENCE**

ASSESSOR'S PARCEL/ID NUMBER	RECORDER'S DOCUMENT NUMBER (if known)	
DATE OF PURCHASE	DATE OF COMPLETION OF NEW CONSTRUCTION (if applicable)	
PURCHASE PRICE \$	COST OF NEW CONSTRUCTION (if applicable) \$	
PROPERTY ADDRESS	CITY	COUNTY

1. Do you occupy the replacement primary residence as your principal residence?  Yes  No  
 2. Is this a multi-unit property?  Yes  No **If yes**, which unit is your principal residence? \_\_\_\_\_

**B. ORIGINAL PRIMARY RESIDENCE (FORMER DAMAGED OR DESTROYED PROPERTY)**

ASSESSOR'S PARCEL/ID NUMBER		
DATE OF SALE	SALE PRICE \$	
PROPERTY ADDRESS	CITY	COUNTY

1. Was this property damaged or destroyed by a wildfire or natural disaster for which the Governor proclaimed a state of emergency?  Yes  No  
 2. Type of disaster: \_\_\_\_\_  
 3. Date of the damage or destruction: \_\_\_\_\_  
 4. Was this property your principal residence when the disaster occurred?  Yes  No  
**If no**, date property was no longer your principal residence: \_\_\_\_\_  
 5. Was this property a multi-unit property?  Yes  No **If yes**, which unit was your principal residence? \_\_\_\_\_  
 6. Did you reconstruct the damaged or destroyed residence before the sale?  Yes  No  
 7. Was there any new construction to this property since the last tax bill(s) and before the date of sale?  Yes  No  
**If yes**, please explain: \_\_\_\_\_

**NOTE:** If this property is located in a different county than that of the replacement primary residence, you must attach a copy of the original residence's latest property tax bill and any supplemental tax bill(s) issued before the date of sale.

**CERTIFICATION**

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information hereon, is true, correct, and complete to the best of my knowledge and belief.*

SIGNATURE OF CLAIMANT ▶	PRINTED NAME	DATE
MAILING ADDRESS	DAYTIME PHONE NUMBER ( )	
CITY, STATE, ZIP	EMAIL ADDRESS	

All information provided on this claim is subject to verification.  
**IF YOUR APPLICATION IS INCOMPLETE, YOUR CLAIM MAY NOT BE PROCESSED**  
**THIS CLAIM IS NOT SUBJECT TO PUBLIC INSPECTION**

