

County of Los Angeles Assessment Appeals Board

APPLICATION FOR CHANGED ASSESSMENT 2008/09



This form contains all the requests for information that are required for filing an application for changed assessment. Failure to complete this application may result in rejection of the application and/or denial of the appeal. Applicant should be prepared to submit additional information if requested by the Assessor or at the time of the hearing. Failure to provide information the Assessment Appeals Board considers necessary may result in the continuance of the hearing.

1. APPLICANT'S NAME (Last, First, M.I.)		
Street Address/PO Box# (MUST be applicant's mailing address)		
City	State	Zip Code
Daytime Phone	Alternate Phone	Fax Number
E-Mail Address		
2. AGENT OR ATTORNEY FOR APPLICANT		
Name		
Person to Contact (if other than above)		
Street Address/PO Box#		
City	State	Zip Code
Daytime Phone	Alternate Phone	Fax Number
E-Mail Address		
AGENT'S AUTHORIZATION		
If the Applicant is a corporation, the agent's authorization must be signed by an officer or authorized employee of the business entity. If the agent is not an attorney licensed in California or a spouse, child or parent of the person affected, the following must be completed or a separate authorization may be attached as outlined in the instructions.		
PRINT NAME OF AGENT AND AGENCY		
is hereby authorized to act as my agent in this application and may inspect Assessor's records, enter into stipulations, and otherwise settle issues relating to this application.		
SIGNATURE OF APPLICANT/OFFICER/AUTHORIZED EMPLOYEE		
PRINT NAME AND TITLE	DATE	
3. PROPERTY IDENTIFICATION INFORMATION		
Secured: Assessor's ID No. _____ Map Book _____ Page _____ Parcel _____		
Unsecured Tax Bill No. _____		
Property Address or Location _____		
PROPERTY TYPE: <input type="checkbox"/> Economic Unit (attach Form AAB2)		
<input type="checkbox"/> Single Family Residence/Condo/Townhouse <input type="checkbox"/> Commercial/Industrial		
<input type="checkbox"/> Apartments, Number of Units _____ <input type="checkbox"/> Business Personal Property/Fixtures		
<input type="checkbox"/> Vacant Land <input type="checkbox"/> Agricultural <input type="checkbox"/> Other _____		
Is this property an owner-occupied, single family dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4. VALUE	A. Value on Roll	B. Applicant's Opinion of Value
Land		
Improvement		
Fixtures		
Personal Property		
Mobile Home		
Mobile Home/Other		
TOTAL		

5. TYPE OF ASSESSMENT BEING APPEALED (Check one only)
IMPORTANT-SEE INSTRUCTIONS FOR FILING PERIODS

REGULAR ASSESSMENT—Value as of January 1 of current year.

SUPPLEMENTAL ASSESSMENT— Attach a Copy of Notice or Tax Bill. Date of Notice or Tax Bill _____ Roll Year _____

ROLL CHANGE/ADJUSTED/ESCAPE ASSESSMENTS/CALAMITY REASSESSMENT Attach a Copy of Notice or Tax Bill. Date of Notice or Tax Bill _____ Roll Year _____

6. THE FACTS that I rely upon to support the requested changes in value are as follows: You may check all that apply. If uncertain of which item to check, please check "I. Other" and attach two copies of a brief explanation of your reason(s) for filing this application. *PLEASE SEE INSTRUCTIONS BEFORE COMPLETING THIS SECTION*

A. DECLINE IN VALUE: The Assessor's roll value exceeds the market value as of January 1 of the current year.

B. CHANGE OF OWNERSHIP:

B1. No change of ownership or reassessable event occurred on the date of _____.

B2. Base year value for the change in ownership established on the date of _____ is incorrect.

C. NEW CONSTRUCTION:

C1. No new construction or reassessable event occurred on the date of _____.

C2. Base year value for the new construction established on the date of _____ is incorrect.

D. CALAMITY REASSESSMENT: Assessor's reduced value is incorrect for property damaged by misfortune or calamity.

E. PERSONAL PROPERTY/FIXTURES: Assessor's value of personal property and/or fixtures exceeds market value.

E1. All personal property/fixtures.

E2. Only a portion of the personal property/fixtures. Attach description of those items.

F. PENALTY ASSESSMENT: Penalty assessment is not justified.

G. CLASSIFICATION: Assessor's classification and/or allocation of value of property is incorrect.

H. APPEAL AFTER AN AUDIT: MUST include description of each property, issues being appealed, and your opinion of value. *Please refer to instructions.*

H1. Amount of escape assessment is incorrect.

H2. Assessment of other property of the assessee at the location is incorrect.

I. OTHER Explain below or attach two copies of explanation.

8. CLAIM FOR REFUND *Please refer to instructions first.*

Do you want to designate this application as a claim for refund?
 Yes No

9. HEARING OFFICER PROGRAM

If your property is a single-family dwelling, condominium, cooperative or multi-family dwelling of four units or less, regardless of value, or a property that does not exceed \$3,000,000 assessed value, you may request that your hearing be conducted by an Assessment Hearing Officer, instead of a formal Assessment Appeals Board.

Do you wish to have your appeal heard before an Assessment Appeals Hearing Officer?
 Yes No

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of the taxes on that property — "The applicant"), (2) an agent authorized by the applicant under Item 2 of this application, or (3) an attorney licensed to practice law in the State of California, STATE BAR NO. _____, who has been retained by the applicant and has been authorized by that person to file this application.

SIGNATURE _____ DATE _____

NAME AND TITLE *(Please print or type)* _____

OWNER AGENT ATTORNEY
 SPOUSE PARENT CHILD
 REGISTERED DOMESTIC PARTNER PERSON AFFECTED

SIGNED AT : _____
(CITY, STATE)

AAB OFFICE USE ONLY

DUPLICATE OF: 200 _____ - _____
200 _____ - _____

INVALID: _____

APPLICATION NUMBER

REGION

DATE RECEIVED _____
PM Walk in By _____

OFFICE USE ONLY

INFORMATION AND INSTRUCTIONS FOR APPLICATION FOR CHANGED ASSESSMENT 2008/09

The State Board of Equalization has prepared a pamphlet to assist you in completing this application. You may download a copy of Publication 30, Residential Property Assessment Appeals, at www.boe.ca.gov or contact the clerk of your local board for a copy. Filing this application for reduced assessment does not relieve the applicant from the obligation to pay the taxes on the subject property on or before the applicable due date shown on the tax bill. If a reduction is granted, a proportionate refund of taxes paid will be made by the County Auditor-Controller's Office.

Based on the evidence, the Assessment Appeals Board can increase as well as decrease an assessment. The decision of the Appeals Board upon this application is final; the Appeals Board may not reconsider or rehear any application. However, either the applicant or the assessor may bring timely action in Superior Court for review of an adverse action.

An application may be amended until 5:00 p.m. on the last day upon which the application might have been timely filed. After the filing period, an invalid or incomplete application may be corrected at the request of the clerk or amendments may be made at the discretion of the Board. Contact the clerk for information regarding correcting or amending an application.

The Appeals Board can hear matters concerning an assessor's allocation of exempt values. However, it cannot hear matters relating to a person's or organization's eligibility for a property tax exemption. Appeals regarding the denial of exemptions are under the jurisdiction of the assessor and/or the courts.

Free Seminars on the appeal application and hearing process: CALL (213) 974-4240 or ACCESS <http://bos.co.la.ca.us/Categories/Appeals/SeminarSchedule.htm>

THE FOLLOWING NUMBERED INSTRUCTIONS APPLY TO THE CORRESPONDING NUMBERS ON THE APPLICATION FORM. Please type or print in ink.

NOTE: One original application per parcel, unless you are filing Form AAB2 with this application (see instruction #3).

BOX 1. Enter the name and mailing address of the applicant. If applicant is other than the assessee (e.g. leased property), attach an explanation. NOTE: An agent's address may not be substituted for that of the applicant.

BOX 2. Provide the name and mailing address of the agent or attorney, if applicable. If the agent is not a California-licensed attorney, you must also complete the agent's authorization section, or an agent's authorization may be attached to this application. An attached authorization must contain all of the following information:

- The date the authorization is executed.
- A statement that the agent is authorized to sign and file applications in the calendar year of the application.
- The specific parcel(s) or assessment(s) covered by the authorization, or a statement that the agent is authorized to represent the applicant on all parcels and assessments located within the county in which the application is being filed.
- The name, address, and telephone number of the agent.
- The applicant's signature and title.
- A statement that the agent will provide the applicant with a copy of the application.

BOX 3. If this application is for an assessment on secured property, enter the Assessor's Parcel Number from your assessment notice or tax bill. If the property is unsecured (e.g. an aircraft or boat), enter the tax bill number from your tax bill. Enter a brief description of the property location, such as street address, city and zip code, sufficient to identify the property and assessment being appealed. For a single-family residence, indicate if the dwelling is owner occupied. **NOTE: Economic Unit Form (AAB2) must be used for contiguous parcels, appealable various years for the same parcel and an audit filing. If Form AAB2 is not used, then each application and parcel may be scheduled at different times.**

BOX 4. Values

Column A: Enter the figures shown on your assessment notice or tax bill for the year being appealed. If you are appealing a current year assessment (base year or decline in value) and have not received an assessment notice, or are unsure of the values to enter in this section, please contact the Assessor's Office. If you are appealing a calamity reassessment or an assessment related to a change in ownership, new construction, roll change / adjusted or escape assessment, refer to the reassessment notice/tax bill you received.

Column B: Enter your opinion of value for each of the applicable categories. **If you do not state an opinion of value, it will result in the rejection of your application.**

BOX 5. CHECK ONLY ONE ITEM PER APPLICATION. Check the item that best describes the assessment that you are appealing.

Regular Assessment filing dates are **July 2 through November 30** for all real and personal property located in the county. Check the *Regular Assessment* box for:

- Decline in value appeals
- Change in ownership and new construction appeals filed **after** 60 days of the mailing of the supplemental assessment notice or supplemental tax bill

Supplemental Assessment filing dates are within 60 days after the mailing date printed on the supplemental assessment notice or tax bill, or the postmark date of the notice or tax bill, whichever is later. Check the *Supplemental Assessment* box for:

- Change in ownership and new construction appeals filed **within** 60 days of the mailing date printed on the supplemental assessment notice or supplemental tax bill, or the postmark date of the notice or tax bill, whichever is later.

Roll Change/Adjusted and Escape Assessment filing dates are **within** 60 days after the mailing date printed on the assessment notice or tax bill, or the postmark date of the notice or tax bill, whichever is later. Check the *Roll Change/Adjusted/Escape Assessment/Calamity Reassessment* box for:

- Roll corrections
- Adjusted, Escape assessments, including those discovered upon audit.

Calamity Reassessment filing dates are within 6 months after the mailing of the assessment notice. Check the *Roll Change/Adjusted/Escape Assessment/Calamity Reassessment* box for:

- Property damaged by misfortune or calamity

For **Supplemental Assessment and Roll Change/Adjusted/Escape Assessment/Calamity Reassessment** appeals, indicate the roll year and provide the date of the notice or tax bill. Typically, the roll year is the fiscal year that begins on July 1 of the year in which you file your appeal. **Attach one (1) copy** of the supplemental/roll change/adjusted/escape assessment notice or tax bill.

BOX 6. Please mark the item or items describing your reason(s) for filing this application. If you prefer, you may attach two copies of a brief explanation. You are not required to provide evidence with this application. **If you selected DECLINE IN VALUE, be advised that the application will only be effective for the one year appealed.** Subsequent years will normally require additional filings. In general, *base year* is either the year your real property changed ownership or the year of completion of new construction on your property; *base year value* is the value established at that time. The base year value may be appealed during the regular filing period for the year it was placed on the roll or during the regular filing period in the subsequent three years. CALAMITY REASSESSMENT includes damage due to unforeseen occurrences such as fire, earthquake, and flood, and does not include damages that occur gradually due to ordinary natural forces. A penalty assessed by the tax collector for nonpayment/late payment of taxes cannot be removed by the appeals board. Indicate whether you are appealing an item, category, or class of property or a portion thereof. If you are appealing only an item, category or class of property, please attach a separate sheet identifying what property will be the subject of this appeal. **APPEAL AFTER AN AUDIT must** include a

complete description of each property being appealed and the reason for the appeal. Contact the clerk to determine what documents must be submitted. If you do not submit the required information timely, it will result in the denial of your application. If filing on more than one tax bill or parcel, complete and attach separate Form AAB2.

BOX 7. Written findings of facts are explanations of the Appeals Board's decision and will be necessary if you intend to seek judicial review of an adverse Board decision. Findings may be requested in writing at any time prior to the commencement of the hearing. Requests for a tape recording or transcript **must** be made no later than 60 days after the final determination by the appeals board. You may contact the clerk to determine the fee for these items; do not send payment with your application.

BOX 8. Indicate whether you want to designate this application as a **claim for refund**. If action in superior court is anticipated, designating this application as a claim for refund may affect the time period in which you can file suit. NOTE: If for any reason you decide to withdraw this application, that action will also constitute withdrawal of your claim for refund.

BOX 9. This box is an offer to have your appeal hearing conducted by an Assessment Hearing Officer. The Hearing Officer program has been designed to be less formal and more expeditious. **YOU NEED TO INDICATE YOUR PREFERENCE.**

If the assessed value of the property exceeds \$100,000, the assessor may initiate an "exchange of information" (Revenue and Taxation Code Section 1606). You may also request an "exchange of information" between yourself and the assessor regardless of the assessed value of the property. Such a request may be filed with this application or may be filed any time prior to 30 days before the commencement of the hearing on this application. The request **must** contain the basis of your opinion of value. Please include comparable sales, cost, and income data where appropriate to support the value. In some counties, a list of property transfers may be inspected at the Assessor's Office for a fee not to exceed \$10. The list contains transfers that have occurred within the county over the last two years.

Original signatures are required for each application. Check the box that best describes your status as the person filing this application.

MAIL THE COMPLETED APPLICATION TO:

COUNTY OF LOS ANGELES
ASSESSMENT APPEALS BOARD
P.O. BOX 53596
LOS ANGELES, CA 90053-0596

ASSESSMENT APPEALS BOARD
(213) 974-1471 1(888) 807-2111 1(800) 735-2929 (TDD)

Visit Los Angeles County Property Tax Portal at
www.lacountypropertytax.com



County of Los Angeles Assessment Appeals Board
APPLICATION FOR CHANGED ASSESSMENT 2008/09
ECONOMIC UNIT OR MULTI-ASSESSMENT APPEALS

APPLICATION NUMBER

1. APPLICANT'S NAME (Last, First, M.I.)

3. PROPERTY IDENTIFICATION INFORMATION

Secured:
 Assessor's ID No. _____ Map Book _____ Page _____ Parcel _____

Unsecured Tax Bill No. _____

Property Address or Location _____

PROPERTY TYPE:

Single Family Residence/Condo/Townhouse _____ Commercial/Industrial _____
 Apartments, Number of Units _____ Agricultural _____
 Vacant Land _____ Business Personal Property/Fixtures _____ Other _____

3. PROPERTY IDENTIFICATION INFORMATION

Secured:
 Assessor's ID No. _____ Map Book _____ Page _____ Parcel _____

Unsecured Tax Bill No. _____

Property Address or Location _____

PROPERTY TYPE:

Single Family Residence/Condo/Townhouse _____ Commercial/Industrial _____
 Apartments, Number of Units _____ Agricultural _____
 Vacant Land _____ Business Personal Property/Fixtures _____ Other _____

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Secured:
 Assessor's ID No. _____ Map Book _____ Page _____ Parcel _____

Unsecured Tax Bill No. _____

Property Address or Location _____

PROPERTY TYPE:

Single Family Residence/Condo/Townhouse _____ Commercial/Industrial _____
 Apartments, Number of Units _____ Agricultural _____
 Vacant Land _____ Business Personal Property/Fixtures _____ Other _____

4. VALUE	A. Value on Roll	B. Applicant's Opinion of Value
Land		
Improvement		
Fixtures		
Personal Property		
Mobile Home		
Mobile home/Other		
TOTAL		

4. VALUE	A. Value on Roll	B. Applicant's Opinion of Value
Land		
Improvement		
Fixtures		
Personal Property		
Mobile Home		
Mobile home/Other		
TOTAL		

4. VALUE	A. Value on Roll	B. Applicant's Opinion of Value
Land		
Improvement		
Fixtures		
Personal Property		
Mobile Home		
Mobile home,Other		
TOTAL		

5. TYPE OF ASSESSMENT BEING APPEALED (Check one only)

Regular Assessment—Value as of January 1 of current year.

Supplemental Assessment— Attach a Copy of Notice or Tax Bill.
 Date of Notice or Tax Bill _____ Roll Year _____

Roll Change/Adjusted/Escape/Calamity Attach a Copy of Notice or Tax Bill.
 Date of Notice or Tax Bill _____ Roll Year _____

5. TYPE OF ASSESSMENT BEING APPEALED (Check one only)

Regular Assessment—Value as of January 1 of current year.

Supplemental Assessment— Attach a Copy of Notice or Tax Bill.
 Date of Notice or Tax Bill _____ Roll Year _____

Roll Change/Adjusted/Escape/Calamity Attach a Copy of Notice or Tax Bill.
 Date of Notice or Tax Bill _____ Roll Year _____

5. TYPE OF ASSESSMENT BEING APPEALED (Check one only)

Regular Assessment—Value as of January 1 of current year.

Supplemental Assessment— Attach a Copy of Notice or Tax Bill.
 Date of Notice or Tax Bill _____ Roll Year _____

Roll Change/Adjusted/Escape/Calamity Attach a Copy of Notice or Tax Bill.
 Date of Notice or Tax Bill _____ Roll Year _____

6. THE FACTS that I rely upon to support the requested changes in value are as follows:

A. Decline in Value

B1. No change of ownership or reassessable event occurred on the date of _____

B2. Base year value for the change in ownership established on the date of _____ is incorrect.

C1. No new construction or reassessable event occurred on the date of _____.

C2. Base year value for the new construction established on the date of _____ is incorrect.

D. Calamity Reassessment.

E1. All personal property/fixtures.

E2. Only a portion of the personal property/fixtures. Attach description of those items.

F. Penalty assessment is not justified.

G. Classification and/or allocation of value of property is incorrect.

H1. Amount of escape assessment is incorrect.

H2. Assessment of other property of the assessee at the location is incorrect.

I. OTHER: Explain below or attach two copies of explanation

6. THE FACTS that I rely upon to support the requested changes in value are as follows:

A. Decline in Value

B1. No change of ownership or reassessable event occurred on the date of _____

B2. Base year value for the change in ownership established on the date of _____ is incorrect.

C1. No new construction or reassessable event occurred on the date of _____.

C2. Base year value for the new construction established on the date of _____ is incorrect.

D. Calamity Reassessment.

E1. All personal property/fixtures.

E2. Only a portion of the personal property/fixtures. Attach description of those items.

F. Penalty assessment is not justified.

G. Classification and/or allocation of value of property is incorrect.

H1. Amount of escape assessment is incorrect.

H2. Assessment of other property of the assessee at the location is incorrect.

I. OTHER: Explain below or attach two copies of explanation

6. THE FACTS that I rely upon to support the requested changes in value are as follows:

A. Decline in Value

B1. No change of ownership or reassessable event occurred on the date of _____

B2. Base year value for the change in ownership established on the date of _____ is Incorrect.

C1. No new construction or reassessable event occurred on the date of _____.

C2. Base year value for the new construction established on the date of _____ is incorrect.

D. Calamity Reassessment.

E1. All personal property/fixtures.

E2. Only a portion of the personal property/fixtures. Attach description of those items.

F. Penalty assessment is not justified.

G. Classification and/or allocation of value of property is incorrect.

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