# **ORANGE COUNTY** APPLICATION FOR CHANGED ASSESSMENT

This form changed and/or de quested b Appeals I

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. Applicants 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.			
THE SINGLE FACT THAT YOUR TAXES OR ASSESSED VALUE INCREASED WILL NOT SUPPORT THIS APPEAL AND WILL RESULT IN DENIAL (Property Tax Rule $305(c)(1)(G)$ ).			
PLEASE TYPE OR PRINT IN INK – SEE INSTRUCTIONS FOR FURTHER INFORMATION.			
1. APPLICANT'S NAME (Please Print Clearly):	3. PROPERTY I.D. INFORMATION		
COMPANY NAME OR LAST NAME FIRST NAME M.I.	SECURED: APN# (Supplemental Asmt Only)  UNSECURED: -		
STREET/P.O. BOX – (MUST be Applicant's Mailing Address)		(As Year) (As ESS/LOCATION:	ssessment/Bill#)
CITY STATE ZIP	PROPERTY TYPE:	Residential	Multi Family No. of Units
DAYTIME PHONE FAX NUMBER	Commercial/Industrial Vacant Land Possessory Interest		
Email Address:  □ No □ Yes Send notices to applicant and agent, if applicable, via email?	Economic Unit – Multi Application (Attach Clerk's Form(s) AH 305-M)		
2. AGENT or ATTORNEY FOR APPLICANT (Please Print):	Economic Unit Contains Parcels IS THIS PROPERTY A SINGLE FAMILY, OWNER-OCCUPIED DWELLING?		
COMPANY NAME	4 WALLES	A. Value On Roll	B. Applicant's Opinion of Value
COMPANY IVENE	4. VALUES		
CONTACT: LAST NAME FIRST NAME M.I.	Land/Min Rights Impvts/Bldg		\$,,,,
NUMBER & STREET/P.O. BOX	Trade Fixtures		\$,,,
CITY STATE ZIP	Personal Prop		\$,,
	Craft	\$	\$,,
DAYTIME PHONE FAX NUMBER Email Address:	TOTAL Penalty	\$ \$	\$,,, \$,,
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 CA or a		SESSMENT BEING A	APPEALED (Check only one):
spouse, child, or parent of the person affected, the following must be completed (or attached to the application – See instructions).	IMPORTANT – See Instructions for Filing Periods		
Agent's Name (print/type)  Is hereby authorized to act as my agent in this application and may inspect assessor's records, enter into	Regular Assessment – Value as of January 1 of the Current Year		
stipulations, and otherwise settle issues relating to this application. Clerk's Form 305-A for attached authorizations may be used. See Instructions.	Supplemental	Assessment (Attach copy of	notice*) bll Year**:
Applicant/Officer/Authorized Employee (print)			t Calamity Reassessment
SIGNATURE:		of Roll Change/Calamity/Esc	cape notice*) oll Year**:
TITLE: DATE:	_	ssment ONLY	
6. THE FACTS THAT I RELY UPON TO SUPPORT THE REQUESTED CHANGES IN VALUE ARE AS FOLLOWS. You may check all that apply. If you are uncertain of which item to check, please check "I. Other" and attach a copy of a brief explanation of your reason(s) for filing this application.  PLEASE SEE INSTRUCTIONS BEFORE COMPLETING THIS SECTION.			
<ul> <li>A. DECLINE IN VALUE: The Assessor's roll value exceeds the market value as of January 1 of the current year.</li> <li>B. CHANGE IN OWNERSHIP</li> </ul>	and/or fixtur	L PROPERTY/FIXTURE res exceeds market value. I personal property/fixtures	ES: Assessor's value of personal property
☐ <b>B1.</b> No change in ownership or other reassessable event	<b>E2.</b> Or	nly a portion of the personal	l property/fixtures. Attach description of items.
occurred on the date of <b>B2.</b> Base year value for the change in ownership established on		-	assessment is not justified is incorrect. ification and/or allocation of property is
the date ofis incorrect.  C. NEW CONSTRUCTION			ST include description of each property,
C1. No new construction or other reassessable event occurred on the date of	☐ <b>H1</b> . A1	mount of escape assessmen	
C2. Base year value for the new construction established on the date of is incorrect.		ssessment of other property xplain below or attach expl	of the assessee at the location is incorrect.
<ul> <li>D. CALAMITY REASSESSMENT: Assessor's reduced value incorrect for property Property damaged by misfortune or calamity.</li> </ul>			
7. WRITTEN FINDINGS OF FACT: Per fee schedule at time of hearing, I am reques of the Board or visit <a href="https://www.ocgov.com/cob">www.ocgov.com/cob</a> for current fee schedule. NOTE: Not availa			☐ Requested ☐ Not Requested
8. DO YOU WANT TO DESIGNATE THIS APPLICATION AS A CLAIM FOR REFUND? Please refer to instructions first.  \Begin{array}{c} \text{No} \text{ Yes} \end{array}			
9. HEARING OFFICER: I request that my application be heard before a Hearing Officer (residential appeals only).			
SIGNATURE: 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 SIGNED AT	CITY	STATE	DATE
NAME AND TITLE (Please print or type) (check one) Owner Agent Attorney	Spouse Child	Parent Person	Affected Registered Domestic Partner
SBE FORM AH 305/OC			

For Clerk's Use Only:

# **INSTRUCTIONS**:

Important instructions are available in the accompanying brochure entitled, "How to Complete an Application for Changed Assessment." Be sure to read these new instructions prior to completion of your application.

# Form Highlights and Information of Importance:

- Do not send evidence with your application as it WILL NOT be retained and will be discarded.
- Be sure to use the State mandated form, SBE FORM AH 305/OC. No other form will be accepted.
- If you are authorizing an agent to act for you, you MUST complete and sign Section 2 ("Agent's Authorization") or an agent's authorization may be attached to this application by using COB form 305-A. Be sure to read instructions for details.
- Be SURE to sign your application, preferably in blue ink.
- In Section 5, be sure to check only ONE box.
- If you are challenging more than one type of appeal, you must complete a <u>separate</u> application form for each. Further, if you are challenging more than one roll year, you must complete a <u>separate</u> application form for each year appealed.
- In Section 6, check only the **box(es)** that apply and *best* describe(s) the facts you relied upon.
- Be sure to complete ALL applicable sections of the form or your application may be returned as invalid.
- If you are **challenging the regular roll as a result of an audit by the Assessor**, you must file separate applications for your real property and business personal property if both issues are being challenged <u>unless</u> your real property and business personal property are combined on the secured roll.
- If you are appealing only an item, category, or class of property, 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 (item, category, or class of property) being appealed and the reason for the appeal.

### **Assessment Appeals Assistance:**

- Be sure to read your instructions thoroughly.
- Visit our Web site at <a href="www.ocgov.com/cob">www.ocgov.com/cob</a> for appeals information and downloadable forms, instructions, community outreach workshops, and informational brochures.
- If you are requesting Findings of Fact, use the fee schedule in effect at the time of hearing. You can obtain this information by contacting the Clerk of the Board or by reviewing Assessment Appeals Board Rule 12 and current composite rate at <a href="https://www.ocgov.com/cob">www.ocgov.com/cob</a>.
- Stop by our office for personal assistance.

### Where to File an Application:

In Person: Clerk of the Board Office

333 W. Santa Ana Blvd., Suite 101

Santa Ana, California 92701

By Mail: Orange County Assessment Appeals Board

P.O. Box 22023

Santa Ana, California 92702-2023

### **Type of Assessment and Filing Deadlines:**

• Regular Appeals: July 2 to September 15 Each Year at 5:00 p.m.\*

Supplemental/Roll Correction Appeals:
 Escape Appeals:
 60 Days from Date of Notice\*
 60 Days from Date of Notice\*

• Calamity Appeals: 6 Months from Date of Calamity Reassessment Notice\*

\* If the last day of the filing deadline falls on a weekend or holiday, the filing period will be extended to the next business day at 5:00 p.m.

#### **Proof Required:**

You must be able to present *factual evidence* that your assessment should be lowered. This evidence must show comparable sales or other real estate market data supporting your opinion of value <u>as of the event date</u>, and up *to 90 days thereafter*. Sales or other evidence that dates more than 90 days after the event date **may not** be considered by the Assessment Appeals Board and will not support your appeal. Evidence should *not be submitted* with your application. You must bring your evidence to the hearing. If you fail to provide evidence, your appeal will be denied. Workshops on "How to Prepare for Your Hearing" are provided throughout the year at a location near you.

SBE FORM AH 305/OC UPDATED 2012