



PROPERTY TAX POSTPONEMENT CLAIM

1999

1. SOCIAL SECURITY NUMBER		2. FIRST NAME		INITIAL	LAST NAME	A		99-00
3. YOUR DATE OF BIRTH		PLEASE PLACE PREADDRESSED LABEL HERE, IF AVAILABLE				This Space for Controller's Use Only		
month	day					19__	year	APN
4. IN CARE OF NAME (IF APPLICABLE)						County Code		
5. MAILING ADDRESS (NUMBER AND STREET)						Letter Code		
6. (CITY)		(COUNTY)		(STATE)	(ZIP CODE)	Percent No.		
7. SPOUSE'S SOCIAL SECURITY NUMBER		SPOUSE'S AGE		SPOUSE'S NAME		Timely Code		
8. ADDRESS OF RESIDENTIAL DWELLING (NUMBER AND STREET)						Multi Pcl.		
9. (CITY)		(COUNTY)		(STATE)	(ZIP CODE)	Income		
FILING REQUIREMENTS:								
10. If you will be 62 or older on December 31, 1999 check this box. <input type="radio"/> <input type="checkbox"/> 62 or older								
11. If you will be under 62 on December 31, 1999 and are BLIND <input type="radio"/> <input type="checkbox"/> Blind OR DISABLED , check the appropriate box. <input type="radio"/> <input type="checkbox"/> Disabled Proof of disability is required each year.								
12. As of Dec. 31, 1998, have you and all other recorded owners, except spouse and direct-line relatives, owned and occupied as your principal place of residence the property for which taxes are to be postponed? (See page 10.) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TRANSFER								
13. Enter the date you purchased your home: _____ First-time filers, if you purchased your home after December 31, 1998, STOP . You do not qualify to postpone your property taxes this year.								
14. Enter, to the best of your knowledge, the total amount of liens, deeds of trust, mortgages or other encumbrances recorded against your home. (See page 10.) \$ _____								
15. Is your property held in trust? If yes, attach a copy of your entire Trust Agreement and Amendments if a copy has not already been provided. (See page 10.) <input type="checkbox"/> YES <input type="checkbox"/> NO								
16. List name(s) and relationship(s) of all owners of your property. Anyone listed below who IS NOT a spouse or direct-line relative must also submit proof of eligibility.								
NAME		RELATIONSHIP		SOCIAL SECURITY NUMBER		AGE		

**DO NOT WRITE
IN THIS SPACE**

On line 17 through line 24, enter your INCOME for the 1998 calendar year. If you are married, include your spouse's income. On line 25, enter the total income of other household members. (See pages 11 – 13.)

- 17. **Social Security and/or Railroad Retirement** ● 17. _____
- 18. **Interest and/or Dividends** ● 18. _____
- 19. **Pensions and/or Annuities** ● 19. _____
- 20. **SSI/SSP, AB and/or ATD** ● 20. _____
- 21. **Rental Income (or Loss).** Attach Federal Form 1040 and Schedules ○ ● 21. _____
- 22. **Business Income (or Loss).** Attach Federal Form 1040 and Schedules ○ ● 22. _____
- 23. **Capital Gain (or Loss).** Attach Federal Form 1040 and Schedules ○ ● 23. _____
- 24. **Other Income (including Wages).** (See page 12.) ● 24. _____
- 25. **Income of Other Household Members.** Do not include income of minors, students or renters. (See page 12.) ● 25. _____
- 26. **SUBTOTAL.** Add lines 17 through 25 ● 26. _____
- 27. **Adjustments to Income.** Attach documentation. (See page 13.) ○ ● 27. _____
- 28. **TOTAL HOUSEHOLD INCOME.** Subtract line 27 from line 26 ● 28. _____
If line 28 is more than \$24,000, **STOP.** You do not qualify.

NOTE: FOR THOSE WHO FILED IN 1983/84 SEE PAGE 13.

- 29. IS YOUR RESIDENCE A PART OF A COOPERATIVE HOUSING CORPORATION?
(See page 14.) YES NO
- 30. IS YOUR RESIDENCE BASED ON A LEASEHOLD (POSSESSORY) INTEREST? If yes, first-time filers must attach a copy of the recorded lease agreement and policy of title insurance.
(See page 14.) YES NO
- 31. IS YOUR RESIDENCE BASED UPON A LIFE ESTATE OR UNDER A CONTRACT OF SALE?
If yes, attach written consent from remainderman or the title holder. (See page 15.) YES NO
- 32. IS YOUR RESIDENCE A MOBILE HOME THAT IS SITUATED ON RENTED OR LEASED LAND? If yes, attach a copy of your current Certificate of Title and/or Registration Card.
(See page 15.) YES NO
- 33. IS ANY PORTION OF YOUR PROPERTY USED FOR RENTAL OR BUSINESS? If yes, enter the percentage devoted to your personal use. (See page 16.) _____% YES NO
The percentage indicated is the amount that is eligible for postponement.

PLEASE SIGN THE COMPLETED FORM. ATTACH ALL REQUIRED DOCUMENTS AND MAIL TO:

KATHLEEN CONNELL, STATE CONTROLLER
DIVISION OF COLLECTIONS
PROPERTY TAX POSTPONEMENT PROGRAM
P.O. BOX 942850
SACRAMENTO, CALIFORNIA 94250-5880

AN INCOMPLETE APPLICATION AND/OR MISSING DOCUMENTS WILL RESULT IN A DELAY IN PROCESSING.

Under penalty of perjury, I declare that this claim, including accompanying documents, is to the best of my knowledge true, correct, and complete.

CLAIMANT'S SIGNATURE & DATE

()
TELEPHONE NUMBER

SIGNATURE OF OTHER OWNER

SIGNATURE OF OTHER OWNER

Signatures of all property owners are required. (See page 16.)