



# County of Santa Cruz

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*Sheri Thomas*  
*Chief Deputy-Valuation*  
*Claudia Cunha*  
*Chief Deputy-Administration*

## Request for Decline in Value Review Multi-Residential Properties (3 or more units)

Return completed form **by mail** to address listed above or **by email** to [assessor@santacruzcounty.us](mailto:assessor@santacruzcounty.us).

Name: \_\_\_\_\_ Assessor's Parcel Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### REQUIRED SUPPORTING INFORMATION

My opinion of the market value as of January 1<sup>st</sup>, 2022 is \$ \_\_\_\_\_

Has the subject property has been listed for sale in the last 3 years?  No  Yes, list price \$ \_\_\_\_\_

Have you had an appraisal of this property within the last 3 years?  No  Yes - please provide a copy.

Note: In lieu of completing any portion of this form, you may attach the following:

- Rent roll for January 1<sup>st</sup>.
- 3 years historical income and expense statements.

### RENT ROLL / SCHEDULE DETAIL

Please attach a copy of the rent schedule or complete the chart below. (Include units occupied by the owner, manager, and employees). If a Mixed-Use property – please provide a separate rent roll for non-residential tenant spaces.

Number of Units	Type of Unit		Monthly Rent		Comments	Status	
	Bedrooms	Bathrooms	Unfurnished	Furnished		# Occupied	# Vacant
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			

(CONTINUED ON REVERSE)

**INCOME & EXPENSES (OPERATING STATEMENT)**

See attached copy of actual income & expense statement.

OR  Please see itemized income and expenses below.

<b>INCOME:</b>	2021	2020	2019	Comments
Gross Unit Rents				
Parking Income (if any)				
<b>Gross Income (Units + Parking)</b>				
Vacancy & Collection Loss (deduction)				
<b>Effective Gross Income (Collections)</b>				
Other Income (Laundry, etc.)				
Other:				
<b>TOTAL INCOME</b>				

**EXPENSES:**

Management (Professional Services)				
Payroll / Onsite Manager				
Administrative				
Marketing / Promotion				
Utilities				
Repairs & Maintenance				
Contracted Services				
Cleaning / Turnover Costs				
Insurance				
Reserve for Replacements				
Other:				
Other:				
<b>TOTAL EXPENSES</b>				
<b>NET OPERATING INCOME</b>				

REMARKS OR ANY OTHER INFORMATION YOU WISH FOR US TO CONSIDER:

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I certify (or declare) that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of owner or agent\*

\_\_\_\_\_  
Date

*\*Agents filing on behalf of a property owner must submit a signed agent authorization agreement with this request.*