



CHRISTINA WYNN
SACRAMENTO COUNTY ASSESSOR
PROPERTY TRANSFER SECTION
3636 American River Drive, Suite 200
Sacramento, CA 95864-5952
Phone (916) 875-0750
FAX (916) 875-0755
<https://assessor.saccounty.gov>

REQUEST FOR INFORMATION

This request for information is being made by the assessor pursuant to the authority granted by Revenue and Taxation Code section 441(d). This provision requires you to comply.

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address.)

ASSESSOR'S USE ONLY:

DATE OF REQUEST		DUE DATE FOR REQUESTED INFORMATION		
STREET ADDRESS OR PHYSICAL LOCATION OF THE PROPERTY		CITY	STATE	ZIP
ASSESSOR'S PARCEL NUMBER(S)				
ACCOUNT NUMBER(S)/ASSESSMENT NUMBER(S)				
EVENT DATE(S)		EVENT TYPE(S)		

SEE ENCLOSURE FOR THE LIST OF INFORMATION SPECIFICALLY BEING REQUESTED. IF YOU ARE UNCERTAIN AS TO WHAT INFORMATION IS BEING REQUESTED OR NEED MORE TIME TO COMPLY WITH THE REQUEST, PLEASE CONTACT THE ASSESSOR'S OFFICE EMPLOYEE WHOSE NAME AND CONTACT INFORMATION APPEAR ON THE ENCLOSURE.

Is this request being made in conjunction with an assessment appeal hearing?	
<input type="checkbox"/>	NO
<input type="checkbox"/>	YES If yes, please complete the following:
Assessment Appeal Application number(s), if assigned: _____	
Applicant: _____	
Hearing date, if scheduled: _____	
Type(s) of assessment(s) being appealed: _____	

Various provisions in the Revenue and Taxation Code grant assessors the authority to obtain information to fulfill their assessment duties. This request for information is made pursuant to the authority granted by Revenue and Taxation Code section 441, subdivision (d), which states:

(1) At any time, as required by the assessor for assessment purposes, every person shall make available for examination information or records regarding their property or any other personal property located on premises they own or control. In this connection details of property acquisition transactions, construction and development costs, rental income, and other data relevant to the determination of an estimate of value are to be considered as information essential to the proper discharge of the assessor's duties.

(2) (A) Upon written request of an assessor, the assessee or the assessee's designated representative shall transmit the information or records described in paragraph (1) by mail, or in electronic format if the information or records are available in electronic format or have been previously digitized. This paragraph shall not be construed or interpreted to limit the assessor's authority to also examine information or records described in paragraph (1).

(B) Information or records requested pursuant to this paragraph shall be transmitted within a reasonable time period.



(3) (A) This subdivision shall also apply to an owner-builder or an owner-developer of new construction that is sold to a third party, is constructed on behalf of a third party, or is constructed for the purpose of selling that property to a third party.

(B) The owner-builder or owner-developer of new construction described in subparagraph (A), shall, within 45 days of receipt of a written request by the assessor for information or records, provide the assessor with all information and records regarding that property. The information and records provided to the assessor shall include the total consideration provided either by the purchaser or on behalf of the purchaser that was paid or provided either, as part of or outside of the purchase agreement, including, but not limited to, consideration paid or provided for the purchase or acquisition of upgrades, additions, or for any other additional or supplemental work performed or arranged for by the owner-builder or owner-developer on behalf of the purchaser.

Please read the enclosure carefully, as the assessor may also request information authorized under other provisions of law, as set forth in the enclosure. All information requested by the assessor or furnished in the property statement shall be held secret by the assessor pursuant to Revenue and Taxation Code section 451.

If the assessor has checked the box "YES" indicating that this request is being made in conjunction with an assessment appeal hearing, based on the information you provide, the assessor may arrive at a value conclusion that is satisfactory to you. If this occurs, the assessor will make a recommendation to the assessment appeals board that your assessed value be changed to that value. However, if you still do not agree with the recommended value, a hearing will proceed.

If you do not comply with this request, or provide only a portion of the information requested, your hearing may proceed as scheduled or it may be delayed or the assessment appeals board may schedule a prehearing conference to be held in advance of your hearing. If you do not provide the requested information to the assessor before the hearing or the prehearing conference (if scheduled), you will have an opportunity to explain to the assessment appeals board members or hearing officer why you have not complied with the request for information, and they will decide whether to hold the hearing without the information, whether to postpone or continue the hearing in order to give you time to comply with the request, whether to postpone or continue the hearing so that a subpoena can be issued, or whether any other action should be taken by the assessor or by the assessment appeals board.

If you appear at the hearing and introduce any information that had been requested under Revenue and Taxation Code section 441(d) and was not provided to the assessor, the assessor is entitled to a continuance of the hearing to examine the new information.

If you do not comply with this section 441(d) request, you may be asked to appear before the Superior Court. (See Revenue and Taxation Code section 468.) Please also be advised that noncompliance or the making of a false statement with regard to the request may subject you to criminal misdemeanor penalties. (See Revenue and Taxation Code sections 461 and 462.)

For more information about the assessment appeal process, including how to obtain information from the assessor, please see the State Board of Equalization's Assessment Appeals Manual at:

<http://www.boe.ca.gov/proptaxes/asmappeal.htm>





Sacramento County
Office of the Assessor
Christina Wynn, Assessor
Jarret Stedifor, Assistant Assessor

Real Property Division
3636 American River Drive, Suite 200
Sacramento, CA 95864-5952
<https://assessor.saccounty.gov>
(916) 875-0700

CHANGE IN OWNERSHIP ENCLOSURE (MULTI-RESIDENTIAL)

Event Date:

APN:

Situs:

The Office of the Assessor has received your Preliminary Change of Ownership Report and requests additional information on your property. Forms may be returned by mail or email at assessor@saccounty.gov.

COMPLETE AND RETURN WITHIN 20 DAYS

The condition of the property at the time of transfer was: ☐ Good ☐ Average ☐ Fair ☐ Poor

(Explain "poor" in the remarks section on the back)

Estimated cost of repairs and/or renovation urgently required at the time of transfer: _____
(Explain in the remarks section on the back)

Was the property purchased from a friend or relative? ☐ Yes ☐ No

Did a real estate broker represent the seller? ☐ Yes ☐ No Name of broker _____

Broker Contact Information (Phone, Email) _____

What, in your opinion, is the current market value of this property? _____

Have you listed or offered this property for sale since the purchase? ☐ Yes ☐ No Asking price _____

RENT ROLL / SCHEDULE DETAIL

PLEASE ATTACH A COPY OF THE RENT SCHEDULE IN EFFECT ON THE DATE OF PURCHASE. If a copy is not available, complete the schedule below for the date of purchase. (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 (special features)	Status	
	Bedrooms	Baths	Rooms	Unfurnished	Furnished		# Occupied	# Vacant
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

Have the scheduled rents above been increased since the purchase? ☐ Yes ☐ No ☐ Proposed

_____ % increase

Expected Vacancy Rate: _____ %

PLEASE COMPLETE BACK OF STATEMENT

INCOME & EXPENSES (OPERATING STATEMENT)

What were your anticipated annual income and expenses at the time of purchase? If the prior owner's actuals are available, please provide as well. (For reporting purposes - expenses do not include interest expense, amortization, depreciation, or the urgent repairs and/or renovation listed on the front.)

If a detailed breakdown of income and expenses is not available – please provide estimates of *Expenses Only* on the line below:

☐ \$ _____ per unit; OR ☐ _____ % of gross scheduled rent; OR

☐ See attached copy of actual income & expense statement and/or anticipated income & expense statement; OR

☐ Please see itemized income and expenses below. If actual - for what time period? _____

	Actual	Anticipated	Line Item Comments
Gross Unit Rents (Potential or Actual)			
Parking Income (if any)			
Gross Income (Units + Parking)			
Vacancy & Collection Loss (deduction)			
Effective Gross Income (Collections)			
Other Income (Laundry, etc.)			
Other:			
TOTAL INCOME			
EXPENSES			
Management (Prof. Services)			
Payroll / Onsite Manager			
Administrative			
Marketing / Promotion			
Utilities (net of RUBS if not listed above)			
Repairs & Maintenance			
Contracted Services			
Cleaning / Turnover Costs			
Property Taxes			
Insurance			
Other:			
Reserve for Replacements			
TOTAL EXPENSES			
NET OPERATING INCOME			

PERSONAL PROPERTY

Indicate the value of any personal property and/or intangibles included in the sales price or the transfer.

Furniture and appliances in the apartment units, inc. items in storage, but not inc. built-in appliances: \$ _____

Furniture and equipment in the common area (office, rec room, pool, laundry room, etc): \$ _____

Business Enterprise Value / Other Intangibles \$ _____

REMARKS:

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

DAYTIME PHONE NUMBER

PRINT NAME

E-MAIL ADDRESS