

JOAQUÍN TORRES
ASSESSOR-RECORDER



SAN FRANCISCO
OFFICE OF THE ASSESSOR-RECORDER

REQUEST FOR NOTIFICATION OF INDIVIDUAL ASSESSED VALUE FOR TENANCY-IN-COMMON UNITS

Dear Tenancy-In-Common Owner:

The Office of the Assessor-Recorder is pleased to provide notification of individual assessments for Tenancy-In-Common (TIC) owners who request them, in accordance with Section 65.1 and 2821/2823 of the California Revenue and Taxation Code. This service is intended to make available additional information to TIC owners that may aid in their income tax preparation and for general knowledge regarding assessed value of individual units. This service is especially beneficial to buildings with multiple partial transfers as it will better protect the base year value of each TIC unit. Additionally, it will enable the Assessor-Recorder's office to process documents more efficiently and accurately, resulting in increased equity and fairness among TIC owners.

To receive individual assessments, please fill out the attached forms, *Request for Notification of Individual Assessed Value for TIC Units* and the *Supplemental Questionnaire*. In order to become effective for the fiscal year beginning July 1, we ask that you submit these forms to the Office of the Assessor-Recorder by March 30th of each calendar year. Notification of assessed value letters will be mailed every July.

Please also note that requesting individual assessments does not mean that you will receive individual property tax bills; all TIC co-owners are still liable for the full amount of property taxes owed. For more information regarding separate tax bills, contact the Office of the Tax Collector at (415)554-4400.

Sincerely,

Joaquín Torres
Assessor-Recorder

REQUEST FOR NOTIFICATION OF INDIVIDUAL ASSESSED VALUE FOR TIC UNITS

We are requesting from the Office of the Assessor-Recorder an annual accounting of each Tenancy-In-Common's (TIC) individual assessment (factored base year value) for the following Assessor's parcel number:

Block _____ **Lot** _____

Street Address _____

Phone Number _____ **Email** _____

We understand the annual notification of each individual owner's assessed value is for informational purposes only and is deemed to be correct by the Assessor. Please note that the total property assessment enrolled by the Tax Collector is always binding. Any disputes among the affected parties regarding an individual owner's assessment are to be resolved by the TIC group and their legal representatives.

Please submit this form and the Supplemental Questionnaire to the Office of the Assessor-Recorder (by mail: 1 Dr. Carlton B. Goodlett Place, Room 190, Attention: Standards, San Francisco, CA 94102; by fax:(415) 554-5501) by March 30th of each calendar year in order for it to become effective for the fiscal year beginning July 1. Every TIC owner for one parcel must sign below in order to receive separate assessments. Notification of assessed value letters will be mailed every July.

All TIC co-owners must sign below, one applicant per occupied unit.

_____ Unit Number	_____ Purchase Price	_____ No. of bedrooms
_____ Signature of Owner or Power of Attorney	_____ Purchase Date	_____ No. of full bathrooms
_____ Print Owner Name	_____ Square footage of unit	_____ No. of parking spaces
Check all that apply:	<input type="checkbox"/> Dining Room	<input type="checkbox"/> Study
	<input type="checkbox"/> Library	<input type="checkbox"/> Deck
	<input type="checkbox"/> Other (specify) _____	
Have you done any new construction to your unit since your purchase?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what was done and when was it completed? _____		

Unit Number	Purchase Price	No. of bedrooms
Signature of Owner or Power of Attorney	Purchase Date	No. of full bathrooms
Print Owner Name	Square footage of unit	No. of parking spaces
Check all that apply:		
<input type="checkbox"/> Dining Room	<input type="checkbox"/> Study	<input type="checkbox"/> Deck
<input type="checkbox"/> Library	<input type="checkbox"/> Other (specify) _____	
Have you done any new construction to your unit since your purchase?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was done and when was it completed? _____		

Unit Number	Purchase Price	No. of bedrooms
Signature of Owner or Power of Attorney	Purchase Date	No. of full bathrooms
Print Owner Name	Square footage of unit	No. of parking spaces
Check all that apply:		
<input type="checkbox"/> Dining Room	<input type="checkbox"/> Study	<input type="checkbox"/> Deck
<input type="checkbox"/> Library	<input type="checkbox"/> Other (specify) _____	
Have you done any new construction to your unit since your purchase?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was done and when was it completed? _____		

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Have you done any new construction to your unit since your purchase?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was done and when was it completed? _____		

Unit Number	Purchase Price	No. of bedrooms
Signature of Owner or Power of Attorney	Purchase Date	No. of full bathrooms
Print Owner Name	Square footage of unit	No. of parking spaces
Check all that apply:		
<input type="checkbox"/> Dining Room	<input type="checkbox"/> Study	<input type="checkbox"/> Deck
<input type="checkbox"/> Library	<input type="checkbox"/> Other (specify) _____	
Have you done any new construction to your unit since your purchase?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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