



Mark Church

Assessor-County Clerk-Recorder & Chief Elections Officer

555 County Center
 Redwood City, CA 94063-1665
phone 650.363.4500 **fax** 650.599.7435
email assessor@smcare.org
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Dear San Mateo County Residents,

Let me first express my concern for those of you who sustained damages to your properties due to disastrous events such as fire, earthquake or flood. We administer a program called the Calamity Relief program, which entitles a property owner to seek a reduction in their property taxes when the damage to their property exceeds \$10,000.

To apply for this relief, please complete the online form below and click the submit button at the bottom of the form. You may also choose to print the form and submit it by:

Fax (650) 599-7435

Mail or in person Assessor's Office
 555 County Center, 1st Floor
 Redwood City, CA 94063-1665

Refer to the example included below to help you complete the form. ***Please note that loss or damages to personal effects, household furnishings and business inventories do not qualify for this program.***

The property tax relief will continue until your property is completely repaired or replaced. Qualifying tax relief is given regardless of any insurance compensation.

Please contact our assessment help desk at (650) 363-4500 or assessor@smcare.org if you have any questions or need further assistance.

EXAMPLE (for a 6 month period)									
	<u>Land</u>	<u>Improvement</u>	<u>Assessable Personal Property</u>				<u>Total</u>		
Assessed value as shown on last tax bill	\$15,000	\$25,000	\$20,000				\$60,000		
Market Value before loss	\$50,000	\$75,000	\$20,000				\$145,000		
Tax relief calculations assuming \$10,000 damage to improvements:									
	\$10,000								
	\$75,000	= 13.33% X	\$25,000	X	1.25%	X	50%	=	\$20.83
Damage Loss			Assessable		Tax		1/2 Year		Tax
Improvement Value before loss		= % loss X	Imp. Value	X	Rate	X	Relief	=	Dollars

COUNTY OF SAN MATEO
APPLICATION FOR REASSESSMENT OF DAMAGED OR DESTROYED
ASSESSABLE PROPERTY IN EXCESS OF \$10,000

Date: ___ / ___ / ___ /

Note: If this application was sent to you at your request, it must be filed within 60 days after the date of loss. If you did not request this application, it must be completed within 60 days of the date shown above, but in no case more than 12 months after the occurrence of the damage.

Owner Name: _____ Assessors Parcel Number: _____

D.b.a (business only): _____ Account Number: _____

Mailing Address: _____

Property Address/Location: _____

Date of Damage: _____ Date repair began: _____

	OWNER'S ESTIMATE OF LOSS	OWNER'S EST. OF VALUE AFTER LOSS	NATURE OF DAMAGE
Land			
Improvement Structures			
Improvement Fixtures			
Personal Property			
Business Equipment			
Boat or Aircraft			
TOTALS:			

Documentation attached:

Documentation to be submitted later:

I hereby apply for reassessment of the property described above. The property was damaged or destroyed without my fault. I declare that I was the owner of the property, or had it in my possession and control at the time of the loss, and that I am responsible for the property taxes on it. This application, if executed outside of the State of California, must be verified by affidavit.

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.

_____ DATE

_____ SIGNATURE

_____ TELEPHONE NO. (8AM-5PM)

_____ PRINT NAME