

Santa Fe

Property Owner's Signature:

Affordable Housing Valuation Adjustment Form

100 Catron St. • PO Box 126 • Santa Fe, NM 87504
Phone 505-986-6300 • Fax 505-986-6316
assessor@santafecountynm.gov • wwww.santafecountynm.gov/assessor

505-986-6300

Purpose of this form: Property subject to the Property Tax Act shall be valued at the market price, less any decrease in the value that would be realized by the owner in a sale of the property because of the effects of any affordable housing subsidy, covenant or encumbrance imposed by a federal, state or local affordable housing program that restricts the future use of the property. Owners of residential affordable housing shall complete this form and submit it to the county assessor for verification of the affordable housing adjustment. To complete this form, you must complete and attach a Statement of Adjusted Value.

| County: | Santa Fe | _ County Assessor Phone: | 505-986-63 | 300 Tax Year | | | |
|----------------|---|--|----------------------------------|---|--|--|--|
| Property O | wner's First Name: | Mid | ddle Initial: | Last Name: | | | |
| Present Ov | vner's Mailing Addr | ess (Number & Street, PO Bo. | x or Rural Rout | te): | | | |
| City & State | e: | | | | | | |
| Zip Code: _ | de: Phone Number: | | | | | | |
| Email: | | | | | | | |
| Physical Ac | ddresss: | | Uniform | Property Code (UPC) | | | |
| | O ATTACHMENTS: o Section 7-36-15 N | MSA, the property owner sha | all provide with | n this application: | | | |
| cover housi | nant or encumbrand ng program; or a co | te with respect to the proper | ty, imposed pu a) purchase ag | rm of each affordable housing subsidy, irsuant to a federal, state or local affordable reement for the residential housing; and (b) | | | |
| or end | cumbrance and the | | erest held by t | ng the affordable housing subsidy, covenant the affordable housing program in that ble property tax year. | | | |
| 3. The S | Statement of Adjust | ed Value, (See attachment) a | s completed by | y the property owner. | | | |
| | ATION BY THE PRO complete this section | PERTY OWNER: n and check the boxes to cor | nplete the prop | perty owner certification. | | | |
| statements | made are true and | | ıthorized agen | property and the documents provided and t of the legal owner of this property and the | | | |
| | | ship interest (or the property on line 5 of the attached, Sta | | est) in this property as of January, is usted Value. | | | |
| | | documents or statements made f the Property Tax Code. | intentionally on | this application may be penalized as provided for | | | |

Date:

Statement of Adjusted Value

| To be comple | ed by the owner or resid | dential affordable hou | sing or owne | r's authorized agent. |
|--------------------------------|---|-------------------------|-----------------|-----------------------|
| 1. Unencumbered | Market Value of Property | Listed on the Notice of | Valuation \$ | |
| 2. Balances of Affo | ordable Housing Subsidies | , Covenants or Encumb | rances as of Ja | n. 1, \$ |
| Туре | Name of Affordable | Housing Program | Term | Amount |
| - | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | |) |
| 3. Total Subsidies, | Covenants, Encumbrance | s and Exemptions | \$ | |
| 4. Adjusted Value | (Subtract Amounts on Lin | e 3 from 1) | \$ | |
| | een provided in the compl | | | |
| PERSON ASSISTI | vd | | | |
| ORGANIZATION: | | | | |
| The value of this _l | property qualifies to be ac mbrances imposed by a st | djusted because of the | | |
| Authorized Signature of the | | Print Name | | Date |

County Assessor