

Property Owner's Signature:

Affordable Housing Valuation Adjustment Form

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

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	00	Closing Date:					
Property O	owner's First Name:_	Mid	ddle Initial:	Last I	Name:					
Present Ov	vner's Mailing Addro	ess (Number & Street, PO Bo	x or Rural Route	e):						
City & State	e:									
Zip Code: _	Code: Phone Number:									
Email:										
Physical Ac	sical Addresss:Assessor Account #									
	O ATTACHMENTS: o Section 7-36-15 NI	MSA, the property owner sha	ıll provide with	this app	lication:					
cover housi	1. A copy of each document that establishes the type, amount and term of each affordable housing subsidy, covenant or encumbrance with respect to the property, imposed pursuant to a federal, state or local affordable housing program; or a copy of the property owner's (a) purchase agreement for the residential housing; and (b) real estate closing statement for the residential housing.									
or en	2. A written statement from the affordable housing program identifying the affordable housing subsidy, covenant or encumbrance and the balance of the remaining interest held by the affordable housing program in that subsidy, covenant or encumbrance as of the first day of the applicable property tax year.									
3. The 9	Statement of Adjuste	ed Value, (See attachment) a	s completed by	the pro	perty owner.					
	ATION BY THE PRO complete this section	PERTY OWNER: n and check the boxes to con	nplete the prop	erty ow	ner certification.					
statements	made are true and		ithorized agent	of the l	and the documents provided and egal owner of this property and the					
	further certify that my ownership interest (or the property owner's interest) in this property as of January, is \$, as computed on line 5 of the attached, Statement of Adjusted Value.									
		documents or statements made the Property Tax Code.	intentionally on t	this appli	cation may be penalized as provided for					

Date:

Statement of Adjusted Value

To be completed by the owner or residential affordable housing or owner's authorized agent.

1. Initial Market Va	lue (Sales Price) \$						
2. Please list below	, Affordable Housing	Subsidies, Covenar	its or Encumbrar	nces as	of Jan. 1,		
Туре	Name of Afford	able Housing Prog	gram Teri	m	Amount		
					\$		
					\$		
					\$		
					\$		
					\$		
3. Total Subsidies, Covenants, Encumbrances and Exemptio4. Adjusted Value (Subtract Amounts on Line 3 from 1)			\$\$				
	een provided in the co	•		BER:			
EMAIL:							
ORGANIZATION:							
	mbrances imposed by				dable housing subsidies, oursuant to section 7-36-		
Authorized Sig		Pri	Print Name				