

TAX YEAR

1000 Central Ave Suite 210, 87544 | 505.663.8030

Affordable Housing Valuation Adjustment Form

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.

PROPERTY OWNER'S FIRST NAME MIDDLE INITIAL	last name
PRESENT OWNER'S MAILING ADDRESS (NUMBER & STREET, PO BOX OR RURAL ROU	TE)
CITY & STATE	
ZIP CODE	PHONE NUMBER
EMAIL	
PHYSICAL ADDRESSS:	UNIFORM PROPERTY CODE (UPC)
REQUIRED ATTACHMENTS: Pursuant to Section 7-36-15 NMSA, the property owner shall pro	vide with this application:
 A copy of each document that establishes the type, amount encumbrance with respect to the property, imposed pursuant copy of the property owner's (a) purchase agreement for the re- residential housing. 	to a federal, state or local affordable housing program; or a
A written statement from the affordable housing progra encumbrance and the balance of the remaining interest held b encumbrance as of the first day of the applicable property tax	y the affordable housing program in that subsidy, covenant or
3.The Statement of Adjusted Value, (See attachment) as comp	leted by the property owner.
CERTIFICATION BY THE PROPERTY OWNER: You must complete this section and check the boxes to complete th	e property owner certification.
I certify that I am the legal owner of this property, I am living on the are true and accurate; or that I am the authorized agent of the lestatements made are true and accurate.	
I 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	d, Statement of Adjusted Value.
I understand that providing false documents or statements made in for in Sections 7-38-92 and 7-38-93 of the Property Tax Code.	ntentionally on this application may be penalized as provided

DATE:

PROPERTY OWNER'S SIGNATURE:



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Statement of Adjusted Value

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

1.Unencumbered Mo	arket Value of Property Listed on the Notice of Valuation \$		
2.Balances of Afford	able Housing Subsidies, Covenants or Encumbrances as of J	an. 1, \$	
ТҮРЕ	AFFORDABLE HOUSING PROGRAM	TERM	AMOUNT
3. Total Subsidies, Co	ovenants, Encumbrances and Exemptions	\$	
4. Adjusted Value (So	ubtract Amounts on Line 3 from 1)	\$	
If assistance has been	n provided in the completion of this form:		
PERSON ASSISTING			
ORGANIZATION			
	erty qualifies to be adjusted because of the effects of affordable ocal affordable housing program, pursuant to section 7-36-	•	
AUTHORIZED SIGNATURE	OF THE COUNTY ASSESSOR		
PRINT NAME		DATE	