



**Sacramento County**  
**Office of the Assessor**  
 Christina Wynn, Assessor  
 Jarret Stedifor, Assistant Assessor

**Real Property Division**  
 3636 American River Drive, Suite 200  
 Sacramento, CA 95864-5952  
<https://assessor.saccounty.gov>  
 (916) 875-0700

## Property Tax Installment Deferral Application

**This relief is available only for property damaged or destroyed by a disaster or state of emergency as declared by the Governor. (Ref. R&T Code 194, 194.1)**

**THIS CLAIM MUST BE RECEIVED BY THE ASSESSOR NO LATER THAN 5:00 P.M. ON THE DUE DATE OF THE PROPERTY TAX BILL INSTALLMENT DUE IMMEDIATELY FOLLOWING THE CALAMITY (DEC 10 OR APR 10).**

FROM: (Name) \_\_\_\_\_  
 (Address) \_\_\_\_\_  
 \_\_\_\_\_  
 (Parcel Number) \_\_\_\_\_

I am an owner of property in Sacramento County which suffered substantial damage as a result of a calamity or disaster not of my own fault. I pay my property taxes directly and not through an impound account. I have also filed a Calamity Claim for reassessment.

(Please check the appropriate box below)

I live on the property, am eligible for the Homeowners' or Disabled Veterans' Exemption and my property has suffered damage amounting to at least 10 percent of its fair market value or ten thousand dollars (\$10,000), whichever is less due to calamity or misfortune.

- or -

I own other property which has suffered damage of at least 20% of its fair market value due to a calamity or misfortune.

**NOTICE: I understand that if the Assessor determines that my property does not qualify as being substantially damaged as defined in Revenue & Taxation Code Sec. 194.1 and my property tax payment has been deferred per this request, I may be charged delinquent penalties and interest by the Sacramento County Tax Collector.**

I have read and understand the above information concerning eligibility for requesting deferral of my property tax payment. I believe that I meet the above requirements and hereby apply for a deferral of my property tax payment until no later than 30 days after I receive a corrected tax bill, or supplemental refund, for my damaged property.

\_\_\_\_\_  
 Signature / Print Name \_\_\_\_\_  
Date

Daytime Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**Please Make A Copy For Your Records**

<b>Assessor's Use Only</b>	
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Initials	Date