



## RESIDENTIAL PROPERTY OWNER STATEMENT OF SELF DECLARATION

<b>1. TIN#</b> <input type="text"/>	<b>2. House # ( If Applicable)</b> <input type="text"/>																																																	
<b>3. OWNER ADDRESS</b>																																																		
<b>4. PROPERTY OWNER'S NAME</b>																																																		
<b>County</b>	<b>Street</b>																																																	
<b>Last Name</b>	<b>District</b>	<b>House #</b>																																																
<b>First Name</b>	<b>Town/City</b>	<b>Telephone #</b>																																																
<b>5. DECLARED PROPERTY VALUE (USD OR ITS EQUIVALENT)</b>	<b>TAX RATE</b> <b>X 1/12%</b>	<b>TAX AMOUNT PER REAR</b> <b>=</b>																																																
<b>DECLARED PROPERTY VALUE IS MULTIPLIED BY THE RESIDENTIAL TAX RATE OF 1/12% TO DETERMINE THE ANNUAL TAX DUE</b>																																																		
<b>6. LOCATION OF PROPERTY</b>																																																		
<b>County</b>	<b>Community</b>																																																	
<b>District</b>	<b>Street</b>																																																	
<b>Town/City</b>	<b>House #</b>																																																	
<b>Landmark (use recognized building in your area)</b>																																																		
<b>7. PROPERTY DESCRIPTION</b>																																																		
<b>Please Indicate number of each kind below</b>		<b>Please check relevant boxes below:</b>																																																
<b>Bed Room</b> <input type="text"/>  <b>Story(ies)</b> <input type="text"/>  <b>Shop/Store</b> <input type="text"/>	<b>Porch</b> <input type="text"/>  <b>Windows</b> <input type="text"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>FOUNDATION</b></td> <td colspan="2" style="text-align: center;"><b>WALL</b></td> </tr> <tr> <td>Reinforced conc.</td> <td><input type="checkbox"/></td> <td>Reinforced conc.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Column/Frame Structure</td> <td><input type="checkbox"/></td> <td>Firestone bricks</td> <td><input type="checkbox"/></td> </tr> <tr> <td>None</td> <td><input type="checkbox"/></td> <td>Cement Block</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>ROOF</b></td> <td>Zinc</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Metal sheets</td> <td><input type="checkbox"/></td> <td>Wooden Frame</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Aluminum sheets</td> <td><input type="checkbox"/></td> <td>Mud bricks</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Asbestos</td> <td><input type="checkbox"/></td> <td colspan="2" style="text-align: center;"><b>FLOOR</b></td> </tr> <tr> <td>Concrete</td> <td><input type="checkbox"/></td> <td>Marble tile</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Other Description</b></td> <td>Rubber tile</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="text"/></td> <td>Terrazzo tile</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="text"/></td> <td>Ceramic tile</td> <td><input type="checkbox"/></td> </tr> </table>	<b>FOUNDATION</b>		<b>WALL</b>		Reinforced conc.	<input type="checkbox"/>	Reinforced conc.	<input type="checkbox"/>	Column/Frame Structure	<input type="checkbox"/>	Firestone bricks	<input type="checkbox"/>	None	<input type="checkbox"/>	Cement Block	<input type="checkbox"/>	<b>ROOF</b>		Zinc	<input type="checkbox"/>	Metal sheets	<input type="checkbox"/>	Wooden Frame	<input type="checkbox"/>	Aluminum sheets	<input type="checkbox"/>	Mud bricks	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	<b>FLOOR</b>		Concrete	<input type="checkbox"/>	Marble tile	<input type="checkbox"/>	<b>Other Description</b>		Rubber tile	<input type="checkbox"/>	<input type="text"/>		Terrazzo tile	<input type="checkbox"/>	<input type="text"/>		Ceramic tile	<input type="checkbox"/>
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<b>Please check type of windows</b>																																																		
Sliding Glass	<input type="checkbox"/>																																																	
Jalousie	<input type="checkbox"/>																																																	
Awning	<input type="checkbox"/>																																																	
Columbo Blocks (onnc.)	<input type="checkbox"/>																																																	
<b>8. CARETAKER'S/OCCUPANT'S NAME</b>		<b>9. CONTACT</b>																																																
		<b>Telephone #:</b> <input type="text"/>																																																
		<b>Email:</b> <input type="text"/>																																																
<b>10. DATE/YEAR OF CONSTRUCTION</b>		<b>11. CURRENT CONDITION</b>																																																
		<b>Damage:</b> <input type="text"/>																																																
<b>12. SIGNATURE OF OWNER/CARETAKER &amp; DATE</b>		<b>Under Renovation (minor repairs)</b> <input type="checkbox"/>																																																
		<b>Reconstruction (minor repairs )</b> <input type="checkbox"/>																																																
		<b>Fair</b> <input type="checkbox"/>																																																
		<b>Good</b> <input type="checkbox"/>																																																
		<b>Very good</b> <input type="checkbox"/>																																																
<p><b>NOTE: Amount of declaration may be subject to review. Significant under-declaration is subject to additional assessment bill. Taxpayers are advice to provide Truthful Declaration.</b></p> <p><b>TAXES ARE ON JULY 1<sup>ST</sup> OF THE YEAR IN WHICH IT IS LEVIED.</b></p>																																																		

# PROPERTY OWNER'S SCHEDULE

<b>NAME:</b>	<b>HOME ADDRESS:</b>	<b>WORK ADDRESS:</b>		<b>TELEPHONE #:</b>				
					<b>EMAIL ADDRESS:</b>			

NO.	LOCATION	DESCRIPTION	AREA LOT NO.	CLASSIFICATION (CHECK BELOW)				PURCHASE/CONSTRUCTION COST	OWNERSHIP	TENANT (IF APPLICABLE)	ANNUAL RENT
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											

**Please add additional page if you have more properties than the number of spaces provided**

<b>State owner's name(s), if property is being leased by you</b>	<b>Signature of property owner/LPA</b>				<b>Date</b>		
	<b>R</b>	<b>For Residential Building</b>	<b>I</b>	<b>For Industrial Complex</b>	<b>FL</b>		<b>For Commercial Farmland</b>
	<b>C</b>	<b>For Residential Building</b>	<b>VL</b>	<b>For Vacant Land</b>			

**THE LAW**  
**Section 2004. Real Property Owners to file Schedules property. Every person who acquired title to real property subject to assessment and taxation the under chapter, within thirty days after the effective date of this Section or within thirty days after acquisition, as the case may be, shall file in the nearest LRA office where such property is located a correct and specific schedule of all such real property acquired by him. Such schedule shall contain a complete description of the real property, including in location, area lot number, designation, if any use classification and the actual consideration paid on its acquisition. This is the Law: failure to do so is punishable by 10% additional payment to be increased by 5% monthly Section 51 (b-1)**

# PROPERTY LEDGER CARD

<b>1. PROPERTY OWNER'S NAME(S)</b>	<b>2. OWNER'S ADDRESS(ES)</b>			
	<b>COUNTY</b>		<b>COMMUNITY</b>	
	<b>DISTRICT</b>		<b>STREET</b>	
	<b>TOWN/CITY</b>		<b>TELEPHONE #</b>	

**3. LOCATION OF PROPERTY**

<b>COUNTY</b>		<b>TOWN/CITY</b>	
<b>DISTRICT</b>		<b>COMMUNITY</b>	

**LANDMARK (Use recognizable building/junction where property is located)**

**4. PROPERTY DESCRIPTION**

	<b>DATE OF CONSTRUCTION/ ACQUISITION</b>		
	<b>ZONE NO.</b>		<b>BLOCK NO.</b>

BILLING INFORMATION					PAYMENT RECORD					
YEAR	ASSESSED VALUE	TAX RATE	AMOUNT OF TAX	ARREARS	TOTAL TAX DUE	BILLING DATE	AMOUNT PAID	PAYMENT DATE	RECEIPT NO.	BALANCE DUE

<p><b>DOCUMENTATION CHECKLIST</b></p> <p>PROPERTY SCHEDULE SUBMITTED <input type="checkbox"/></p> <p>CERTIFIED DECLARATION SUBMITTED <input type="checkbox"/></p> <p>DECLARATION FORM FILLED <input type="checkbox"/></p> <p>PHOTO OF PROPERTY ATTACHED <input type="checkbox"/></p> <p>SELF-DECLARED <input type="checkbox"/></p>	<p><b>NAME OF FIRM (IF APPRAISAL SUBMITTED)</b></p> <hr/> <p style="text-align: center;"><b>COMMENTS:</b></p>
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