



RESIDENTIAL AFFIDAVIT OF PROPERTY CLASS CHANGE

Owner's Name

Parcel or Account Number

Mailing address

City State Zip

Street Location of Property

City

Section 1A: Description of Use - this property is **PRIMARILY** or **EXCLUSIVELY**:

(Please also complete section 1B if the property is used in multiple ways)

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Owner Occupied, my Primary Residence

Primary residence is defined as residential property that is used by the owner as their principal or usual place of residence. You can only have one primary residence. If the above residence is used as a vacation home, rented to non-qualified family member or if you have a homestead exemption in another state, this property cannot qualify as a primary residence.

Must provide two forms of documentation with this form.

- Copy of a Picture ID showing current Address (i.e., Driver's License, State ID Card)
- Copy of other form of documentation showing current address (i.e., Tax return, voter ID card, utility bill)

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Owner Occupied, not my Primary Residence

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Commercial – as defined by A.R.S. §42-12001.

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Occupied by a qualified family member

Qualified family members per A.R.S. §42-12053:

1. The owner's natural or adopted child or descendant of the owner's child.
2. The owner's parent or an ancestor of the owner's parent.
3. The owner's stepchild or stepparent.
4. The owner's child-in-law or parent-in-law.
5. The owners natural or adopted sibling.

Name of Occupant: _____

Relationship to owner: _____

If the property is rented to a qualified family member, you must also complete section 2A on page 2.

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Rented (Long-Term) - must complete Section 2A on page 2. Failure to provide rental information may subject you to a penalty as outlined in A.R.S. §33-1902.

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Rented (Short-Term - less than 30 consecutive days)
- Please complete Section 2B on page 2.

Section 1B: Description of Use – this property is used in multiple ways:

Please provide additional information describing how the property or portions of property are being used:

SIGNATURE REQUIRED:

I HAVE READ THE ABOVE AND HEREBY AFFIRM THAT THE INFORMATION INCLUDED OR ATTACHED IS TRUE AND CORRECT. I UNDERSTAND THAT THE INFORMATION PROVIDED WILL ASSIST THE ASSESSOR IN CLASSIFYING THE PROPERTY AND MAY HAVE AN IMPACT ON PROPERTY TAXES. PER A.R.S. §42-12055, A PROPERTY CLASSIFICATION MAY BE REVIEWED AND APPEALED IN THE SAME MANNER AS PROVIDED BY LAW FOR A REVIEW OF VALUATION.

Signature

Date

Email

Phone Number

Submit application in person, by mail to the address above, or by email to assessorhelp@mohave.gov

Section 2A: REGISTRATION OF ARIZONA RESIDENTIAL PROPERTY – This section must be completed by an owner of Residential Rental Property in compliance with A.R.S. § 33-1902(A). An out-of-state owner shall designate and record with the County Assessor a statutory agent who lives in this state and who will accept legal service on behalf of the owner. Property owned by a corporation, partnership, limited liability company, limited partnership, trust, or real estate investment trust should include the name, address, and telephone number of the business entity. Failure to register with the County Assessor may be subject to civil penalties in the amount of \$150 per day or in accordance with A.R.S. §33-1902.

PROPERTY INFORMATION:

Check property type: ☐ Single Family Residence ☐ Multiple Family Residence ☐ Mobile Home ☐ MH/RV Park Space

Is this property rented to a qualified family member (see description in Section 1A, page 1)? ☐ Yes ☐ No.

Assessor's Parcel Number: _____

Property address: _____ City/State/Zip: _____

For Personal Property/Unaffixed Mobile Homes, List Account Number: _____ Year Built: _____

OWNERSHIP INFORMATION:

Name: _____ Mailing Address: _____

City/State/Zip code: _____ Phone Number: _____ Email: _____

Check below to indicate form of ownership, if applicable:

☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Limited Partnership ☐ Trust ☐ Real estate investment trust

Required: Provide Corporate Officer, Managing/Administrative Member, General Partner, Trustee information below:

Name: _____ Mailing Address: _____

City/State/Zip code: _____ Phone Number: _____ Email: _____

OUT OF STATE OWNER'S DESIGNATION OF STATUTORY AGENT:

An owner of residential rental property who lives outside this state must designate and record with the Assessor a statutory agent who lives in this state and who will accept legal service on behalf of the owner. If applicable, please provide the following information for your Statutory Agent:

Statutory Agent: _____ Mailing Address: _____

City/State/Zip code: _____ Phone Number: _____ Email: _____

REQUIREMENT TO UPDATE INFORMATION:

Under penalty of law the owner of Arizona residential rental property shall update any information listed above within ten days after a change in the information occurs. I hereby affirm that the information included or attached is true and correct.

Print Name

Print Title

Signature

Date

Section 2B: SHORT TERM RENTAL INFORMATION REQUEST:

Properties that are rented or offered to rent for less than 30 consecutive days may be determined to be a "Short-Term Rental". Please describe the short-term rental activity.

- Will the property be offered for short-term rental **all year**? ☐ Yes, all year. ☐ No, only a portion of the year.
- Is the **total** property rentable? ☐ Yes ☐ No. If "no", what portion of the property can be rented? _____
- In the last year, how many days was the property **rented** on a short-term basis? _____
- In the last year, how many days was the property **offered for rent** on a short-term basis? _____
- **Does someone else** manage the property? Please provide Contact Name, Phone Number, Agency Name, etc. _____