



# Affordable Housing Valuation Adjustment Form

240 Grant Ave • PO Box 126 • Santa Fe, NM 87504  
Phone 505-986-6300 • [assessor@santafecountynm.gov](mailto:assessor@santafecountynm.gov) •  
[www.santafecountynm.gov/assessor](http://www.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: 505-986-6300 Closing Date: \_\_\_\_\_

Property Owner's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Present Owner's Mailing Address (Number & Street, PO Box or Rural Route):  
\_\_\_\_\_

City & State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Assessor Account # \_\_\_\_\_

## REQUIRED ATTACHMENTS:

Pursuant to Section 7-36-15 NMSA, the property owner shall provide with this application:

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.
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 Statement of Adjusted Value, (See attachment) as completed by the property owner.

## CERTIFICATION BY THE PROPERTY OWNER:

You must complete this section and check the boxes to complete the property owner certification.

I certify that I am the legal owner of this property, I am living on this property and the documents provided and statements made are true and accurate; or that I am the authorized agent of the legal owner of this property and the documents provided and statements 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, Statement of Adjusted Value.

I understand that providing false documents or statements made intentionally on this application may be penalized as provided for in Sections 7-38-92 and 7-38-93 of the Property Tax Code.

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Statement of Adjusted Value

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

1. Initial Market Value (Sales Price) \$\_\_\_\_\_

2. Please list below, Affordable Housing Subsidies, Covenants or Encumbrances as of Jan. 1, \_\_\_\_\_

Type	Name of Affordable Housing Program	Term	Amount
			\$
			\$
			\$
			\$
			\$

3. Total Subsidies, Covenants, Encumbrances and Exemptions \$\_\_\_\_\_

4. Adjusted Value (Subtract Amounts on Line 3 from 1) \$\_\_\_\_\_

If assistance has been provided in the completion of this form:

PERSON ASSISTING: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

The value of this property qualifies to be adjusted because of the effects of affordable housing subsidies, covenants or encumbrances imposed by a state local affordable housing program, pursuant to section 7-36-15 (B)(2) NMSA 1978.

\_\_\_\_\_  
Authorized Signature of the  
County Assessor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date