

Residential Property Declaration

[UCA §59-2-103.5(8)]

This form must be submitted to the County Assessor's office where your new residential property is located within FIVE business days of transfer of title. Failure to do so will result in withdrawal of the primary residential exemption from your residential property.

PT-19A 06/13/19

Residential Property Owner Information

Property owner(s) name(s):	Home phone:	Work phone:
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Mailing address:

City:	County:	State:	Zip:
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Residential Property Information

Parcel or serial number:

Physical address:

City:	County:	State:	Zip:
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Certification

Yes No Is this property used as a residential property or part-year residential property?

If **yes**, what are the dates of occupancy by the owner(s) or a tenant? _____ to _____
mm/dd/yyyy mm/dd/yyyy or present

Yes No Does this property receive the primary residential exemption?

Yes No Do you own any other property in the state that receives the primary residential exemption? *If you answered yes, please complete page two. Please make as many copies of page two as necessary to submit the required information for each other property you own receiving the primary residential exemption.*

If a property owner or a property owner's spouse claims a residential exemption under Utah Code Ann. § 59-2-103 for property in this state that is the primary residence of the property owner or the property owner's spouse, that claim of a residential exemption creates a rebuttable presumption that the property owner and the property owner's spouse have domicile in Utah for income tax purposes. The rebuttable presumption of domicile does not apply if the residential property is the primary residence of a tenant of the property owner or the property owner's spouse.

Signature(s) *(This form must be signed by all owners of the property)*

Under penalties of perjury, I declare to the best of my knowledge and belief, this declaration and accompanying pages are true, correct and complete.

_____ First owner name	_____ First owner signature	_____ Date (mm/dd/yyyy)
_____ Second owner name	_____ Second owner signature	_____ Date (mm/dd/yyyy)

Additional Residential Property Information *(please make as many copies as necessary before entering information)*

Parcel or serial number:	Is this property the primary residence of a tenant?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Physical address:

City:	County:	State:	Zip:
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Parcel or serial number:	Is this property the primary residence of a tenant?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Physical address:

City:	County:	State:	Zip:
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Parcel or serial number:	Is this property the primary residence of a tenant?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Physical address:

City:	County:	State:	Zip:
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Parcel or serial number:	Is this property the primary residence of a tenant?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Physical address:

City:	County:	State:	Zip:
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Parcel or serial number:	Is this property the primary residence of a tenant?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Physical address:

City:	County:	State:	Zip:
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Parcel or serial number:	Is this property the primary residence of a tenant?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Physical address:

City:	County:	State:	Zip:
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