



**COUNTY OF VENTURA  
APPLICATION FOR PROPERTY TAX INSTALLMENT DEFERRAL**

**ASSESSOR OF VENTURA COUNTY**  
800 S. VICTORIA AVENUE  
VENTURA, CALIFORNIA 93009  
EMAIL: [ASSESSOR.DISASTER@VENTURA.ORG](mailto:ASSESSOR.DISASTER@VENTURA.ORG)

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This relief is available only for property damaged or destroyed by a disaster or state of emergency as declared by the Governor. **THIS FORM MUST BE FILED WITH A CALAMITY CLAIM FOR REASSESSMENT.**

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

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PROPERTY NUMBER:** \_\_\_\_\_

I am an owner of property in Ventura 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 Homeowner's Exemption and my property has suffered at least \$10,000 in damage due to a 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 Ventura 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

( ) \_\_\_\_\_  
Telephone Number

( ) \_\_\_\_\_  
Fax Number

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

\_\_\_\_\_  
Date

( ) \_\_\_\_\_  
Cell Phone Number