



STATE OF CALIFORNIA
 SUBSTANDARD HOUSING UNIT MS F340
FRANCHISE TAX BOARD
 PO BOX 1673
 SACRAMENTO CA 95812-1673

Notice of Property Compliance

Substandard Rental Housing Regulatory Agency Information

Agency: _____

Address: _____

Contact Person: _____

Telephone Number: _____ Date of Compliance: _____

The regulatory agency notified the Franchise Tax Board and the county recorder of your compliance. You may claim state tax deductions for taxes, depreciation, amortization, or interest expenses connected with the property from the date of compliance, according to California Revenue and Taxation Code (R&TC) Sections 17274 or 24436.5.

I, _____, certify that the *Notice of Property Noncompliance*,
Name and Title
 recorded on _____, in the office of the County Recorder of the County of _____, is no longer in effect.
Date

Document number _____ . _____
Signature

Property Owners (Attach additional list if necessary.)

1. Name of Owners: _____	<input type="checkbox"/> SSN or <input type="checkbox"/> CDL:
Mailing Address: _____	
2. Name of Owners: _____	<input type="checkbox"/> SSN or <input type="checkbox"/> CDL:
Mailing Address: _____	
3. Name of Owners: _____	<input type="checkbox"/> SSN or <input type="checkbox"/> CDL:
Mailing Address: _____	

Rental Housing Property

Street Address: _____ Parcel: _____ Lot: _____ Block Number: _____

Mailing Address: (enter only if different from the street address) _____

Description: (e.g., condominium, duplex, apartment building, house, etc.) _____

Authorization

▶ _____
Signature of Authorized Representative of Regulatory Agency Name of Regulatory Agency Contact Date of Signature

Mail or fax duplicate copies to the Franchise Tax Board, county recorder, and property owner.

Instructions to Complete *Notice of Property Compliance*.

Follow the instructions below to complete and mail this notice when the owners bring the substandard housing to a condition of compliance. Do **not** complete this notice if you did not notify us of noncompliance.

Complete this notice as follows:

Regulatory Agency Information

- **Agency:** Enter the full name of your agency.
- **Address:** Enter the complete mailing address, including ZIP Code.
- **Contact Person:** Enter the name of person to contact for additional information.
- **Telephone Number:** Enter the area code and telephone number of contact person.
- **Date of Compliance:** Enter the date your agency was notified this property is in compliance.

Property Owners

- **Names of Owners:** Enter the name of the individual, previously notified of noncompliance and now notified of compliance. It is important to mail each owner a *Notice of Property Noncompliance*.
- **Mailing Address:** Enter the last known address for the owner named.
- **Social Security Number (SSN) or California Driver License Number (CDL):** Enter the SSN or CDL. The Franchise Tax Board cannot take any action, according to R&TC Sections 17274 and 24436.5, without these numbers.

Rental Housing Property

- **Street Address:** Enter the street address of the property in noncompliance.
- **Parcel - Lot - Block Number:** Enter numbers officially assigned to the plot of land.
- **Mailing Address:** If different from the property street address, enter the last known mailing address of the property owner, including ZIP Code.
- **Description:** Enter a brief physical description of the property (e.g., condominium, duplex, apartment building, house, etc.).

Authorization

The representative should be familiar with the building codes and R&TC Sections 17274 and 24436.5.

- **Signature of Authorized Representative of Regulatory Agency:** Signature required.
- **Name of Regulatory Agency Contact:** Enter contact name.
- **Date of Signature:** Enter date notice signed.

Mail the original *Notice of Property Compliance* to the property owners listed on SIDE 1. Mail or fax a copy of the *Notice of Property Compliance* to:

STATE OF CALIFORNIA
SUBSTANDARD HOUSING UNIT MS F340
FRANCHISE TAX BOARD
PO BOX 1673
SACRAMENTO CA 95812-1673

For privacy information, refer to [FTB 1131](#), *Franchise Tax Board Privacy Notice*.

Privacy information for third parties, refer to [FTB 1131J](#), *Privacy Notice - Third Party Contacts*.

Contact Us

Telephone: 916.845.5296
Fax: 916.843.2467