STATE OF CALIFORNIA  
MELLO-ROOS COMMUNITY FACILITIES DISTRICT (CFD)  
YEARLY FISCAL STATUS REPORT  
California Debt and Investment Advisory Commission  
915 Capitol Mall, Room 400, Sacramento, CA 95814  
P.O. Box 942809, Sacramento, CA 94209-0001  
Tel: (916) 653-3269 FAX (916) 654-7440  

I. GENERAL INFORMATION  
A. Issuer  
B. Project Name  
C. Name/Title/Series of Bond Issue  
D. Date of Bond Issue  
E. Original Principal Amount of Bonds  
F. Reserve Fund Minimum Balance Required  

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II. FUND BALANCE FISCAL STATUS  
Balances Reported as of:  
A. Principal Amount of Bonds Outstanding  
B. Bond Reserve Fund  
C. Capitalized Interest Fund  
D. Construction Fund(s)  

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III. ASSESSED VALUE OF ALL PARCELS IN CFD SUBJECT TO SPECIAL TAX  
A. Assessed Value Reported as of: (Date)________________ (Check one) (Date)  
☐ From Equalized Tax Roll  
☐ From Appraisal of Property  
(Use only in first year or before annual tax roll billing commences)  

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B. Total Assessed Value of All Parcels: $ ____________________  

IV. TAX COLLECTION INFORMATION  
A. Total Amount of Special Taxes Due Annually: $ ____________________  
B. Total Amount of Unpaid Special Taxes Annually: $ ____________________  
C. Taxes are Paid Under the County’s Teeter Plan? Yes □ No □  

V. DELINQUENT REPORTING INFORMATION  
Delinquent Parcel Information Reported as of Equalized Tax Roll of: ____________________ (Date)  
A. Total Number of Delinquent Parcels Annually: ____________________  
B. Total Amount of Special Taxes Due on Delinquent Parcels Annually: $ ____________________  
(Do not include penalties, penalty interest, etc.)  

VI. FORECLOSURE INFORMATION FOR FISCAL YEAR  
(Aggregate totals, if foreclosure commenced on same date)  

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<th>Date Foreclosure Commenced</th>
<th>Total Number of Foreclosure Parcels</th>
<th>Total Amount of Tax Due on Foreclosure Parcels</th>
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(Attach additional sheets if necessary.)
VII. RETIRED ISSUES
This issue is retired and no longer subject to the Yearly Fiscal Status report filing requirements. (Indicate reason for retirement)
A. Matured ☐ Yes ☐ No If yes, indicate final maturity date: ________________________________
B. Redeemed Entirely ☐ Yes ☐ No If yes, state refunding bond title & CDIAC #: ________________________________ and issue date: ________________________________
C. Other: ___________________________________________________________________________ And Date: ________________________________

VIII. NAME OF PARTY COMPLETING THIS FORM
Name ____________________________________________
Title ____________________________________________
Firm/Agency ______________________________________
Address _________________________________________
City/State/Zip ____________________________________
Phone No. ___________________________ Date of Report ___________________________
Email: __________________________________________

IX. ADDITIONAL COMMENTS:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
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Completion and submittal of this form to the California Debt and Investment Advisory Commission will assure your compliance with California State law. Section 53359.5 of the California Government Code requires that all agencies issuing Mello-Roos Community Facilities bonds after January 1, 1993 to report specific information to the Commission by October 30th of each year.