



APPLICATION LOW-INCOME PARCEL TAX EXEMPTION/ RENTER REBATE APPLICATION TAX YEAR 2023-24

Please type or print clearly

(Check the appropriate box)

Homeowner

Renter

Name 1: _____

Name 2: _____

Property Address: _____ Apartment or Unit #: _____

Owner Name If Not Applicant: _____ Parcel Number: _____ (Information on Tax Bill)

Applicant Contact Phone Number: (_____) _____

HOMEOWNERS CHECK BELOW:

I/We wish to apply for the 2023/2024 Exemption from the:

- Library Services Parcel Taxes (1994 and 2006 Measures)
- Street Paving and Storm Drain Tax (Measure F-2006)
- Sidewalk Special Parcel Tax (Measure P1-2016)
- Parks and Open Space Facilities Special Parcel Tax (Measure M-2018)
- Emergency Medical Services, Advanced Life Support, and Fire Protection Tax (Measure K-2022)

RENTERS CHECK BELOW:

I/We wish to apply for the 2023/2024 Renter Refund for the:

- Library Services Parcel Taxes (1994 and 2006 Measures)
- Sidewalk Special Parcel Tax (Measure P1-2016)
- Parks and Open Space Facilities Special Parcel Tax (Measure M-2018)
- Emergency Medical Services, Advanced Life Support, and Fire Protection Tax (Measure K-2022)

ALL APPLICANTS MUST ANSWER #1 AND #2, PROVIDE REQUIRED DOCUMENTATION FOR #3, AND SIGN / DATE:

1) Household Size: _____

(Equivalent to the number of persons residing in the home / unit – see Program explanation.)

Household Size	1	2	3	4	5	6	7	8
Maximum Annual "Family" Income	50,000	57,150	64,300	71,400	77,150	82,850	88,550	94,250

2) My Family Income in the previous calendar year is below the Maximum Annual Income Above?

Yes

No

3) Please enclose in a sealed envelope a copy of your most-recently filed Form 1040, 1040A or 1040EZ tax return for all persons residing at the above residence. This form will be stamped and kept "Confidential" and will only be used for determining your income qualification. Please include only the page(s) showing income. If you do not file a tax return please provide an alternate means to document your income (i.e. Social Security expected benefits statement).

I/We certify under penalty of perjury under the law of State of California, that the above information is true to the best of my knowledge, and that I qualify as "very low-income" pursuant to the City program requirements. Further, I understand that City may require that I / We submit additional records to verify eligibility.

Signature 1: _____ Date _____

Signature 2: _____ Date _____

MAIL COMPLETED FORM TO:
NBS – Attention: City of Albany Parcel Tax Exemption
32605 Temecula Parkway, Suite 100
Temecula, California 92592

(OFFICE USE ONLY)

Exemption Granted _____ Date _____ NOTE: _____