## Low-Income Senior Exemption Application

## Measure A: Marin Emergency Radio Authority - \$29 Parcel Tax

This application serves as a request for a Measure A low-income senior exemption.

(Measure A) -To qualify for a low-income senior exemption for the \$29 Measure A parcel tax for a single family residence, you must be 65 years of age or older by December 31 of the tax year, own and occupy your residence located within Marin County, and earn a total annual household income\* of not more than \$90,450 (HUD Low-Income limit for Marin County residents).

This application must be filed on or before June 1, 2020, for the 2020/21 tax year. Failure to file on time will result in rejection of your application unless good cause can be shown for failure to timely file. If approved, the low-income senior exemption will only apply for one year. You must file a new low-income senior exemption form for each year in which the Measure A parcel tax is in effect.

All applicants must complete the following information (Please print clearly or type):
Owner-Occupied Residential Parcel #:
(This 8 digit Parcel # can be found on the upper left hand corner of your Property Tax Bill)
Property Owner's Name(s):
Property Address:
City & Zip:
Daytime Telephone:
1. PROOF OF AGE (Required)  Please attach a copy of one of the following documents that shows that you will be at least 65 years of age by December 31, 2020.
□ Driver's License □ California ID Card □ Passport □ Birth Certificate □ Other Proof of Age
2. PROOF OF INCOME (Required)
Total Household Income* \$ (Max Household Income is \$90,450 ¹) 1 - HUD Low-Income Limits for Marin County for FY 2019
*Household Income is the combined gross income, taxable or non-taxable, for all persons who occupy a single family residence and does not include Federal and State income tax adjustments, deductions, exemptions or credits.
Please enclose in a sealed envelope a copy of your <u>2019</u> filed tax return (Form 1040, 1040A or 1040EZ). This form will be stamped and kept "Confidential" and will only be used for determining your income qualification. <u>Please include only the page(s) showing income</u> . For security, Social Security Numbers may be redacted.
3. SIGNATURE IS REQUIRED BELOW TO PROCESS APPLICATION
I declare under penalty of perjury that this claim is, to the best of my knowledge, correct and complete.
Executed this day of, 2020.
Property Owner's Signature:
Warning: This application is subject to verification and any misrepresentations could result in denial of the exemption.

## 4. MAILING ADDRESS (Before mailing, please make a photocopy for your records)

Please mail, fax, or email the completed application with attachments to:

Marin Emergency Radio Authority c/o NBS 32605 Temecula Parkway, Suite 100 Temecula, CA 92592

Fax: (951) 296-1998 Email: customercare@nbsgov.com

## APPLICATIONS MAILED OR HAND-DELIVERED TO THE TOWN OF CORTE MADERA WILL NOT BE ACCEPTED