

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 2019 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. Please include only the page(s) showing income. 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 NOVATO FIRE PROTECTION DISTRICT WILL NOT BE ACCEPTED

If you have any questions about the Measure A Parcel Tax or the low-income senior exemption, please call NBS at 1-800-676-7516