Marin Wildfire Prevention Authority (Measure C)				
	••	•	- Marin Wildfire Preventio	
	Low-Income Senior Exe	mption for 2024-25. An exe	emption application must b	e filed annually.
of each applicable Fisca to the special tax upon the U.S. Department of the San Francisco, Califo	l Year, of a parcel used solely approval of the Marin Wildfi Housing and Urban Develop	y for owner-occupied, single re Prevention Authority. Lo ment (HUD) income limits u rates published annually. M	e-family residential purpose w-income means the parce used to determine eligibility	age sixty-five (65) years and over as of July 1 is, if the owner obtains an annual exemption il owner's income is equal to or lower than for assisted housing programs as set forth in re exempt from the special parcel tax and do
	ow-Income Exemption for and earn a total annual hou			do, townhome), you must be <mark>65 years of age</mark> usehold, less than:
1 Person \$104,100	2 People \$118,950	3 People \$133,800	4 People \$148,650	5 People \$160,550
will be notified in writin		aining the reason and reque	•	If your application cannot be processed, you ation needed to process your application. If
All applicants must co	omplete the following info	ormation (Please print cle	early or type):	
Residential Parcel #:				
The parcel is owner occ	s 8 digit Parcel # can be four upied:YesN e(s):	0		Bill.)
Property Address:				
Email Address:				

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 July 1, 2024. (Check One) Note: You may redact the ID/Document number. If you are not at least 65 years of age by July 1, 2024, you are not eligible to apply for an exemption in tax year 2024-25. Driver's License California ID Card Passport Birth Certificate Other Proof of Age (must show birth date)

2. PROOF OF INCOME (Required)

Total Household Income* \$

_____ Number of people living in household

*Household income is the combined gross income, including taxable and 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 2023 filed tax return (Form 1040, 1040A or 1040EZ tax return) or Social Security Benefits Statement for all members of the household to be used for determining your income qualification for Senior Low Income exemption. This form will be stamped and kept confidential and will only be used to determine your income qualifications. Please include only the pages showing income. Social security numbers may be redacted.*

3. SIGNATURE IS REQUIRED BELOW TO PROCESS APPLICATION

I declare under penalty of perjury under the law of the State of California that this claim (including any accompanying proof of age documents) and the information, including my household income is, to the best of my knowledge, correct and complete. I am a resident of the property listed above.

Executed this day of ______, 20 ____,

Property Owner's Signature :___

Warning: This application is subject to verification and any misrepresentations could result in a denial of the exemption. Applicants for the Low Income Senior Exemption must permit authorized representatives of the Marin Wildfire Prevention Authority, during regular business hours, to inspect, examine and allow such representatives to make copies of such books, records or other items for the purpose of confirming the accuracy of the information provided.

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

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

NBS

Attn: MWPA Parcel Tax Exemption (Measure C) 32605 Temecula Parkway, Suite 100 Temecula, CA 92592

Temecula, CA 92592

Telephone: (888) 485-9249 Fax: (951) 296-1998 Email: customercare@nbsgov.com

Parcel Tax Information Website: civicmic.com/MWPA MWPA Website: marinwildfire.org

Your application must be postmarked by June 30, 2024. Late applications will not be accepted.