

# TOWN OF SAN ANSELMO

525 San Anselmo Avenue  
San Anselmo, CA 94960

## INFORMATION ON THE TAX REBATE APPLICATION MUNICIPAL SERVICES AND PENSION OVERRIDE TAXES AND LIBRARY PARCEL TAX

If you are a San Anselmo property owner who has a financial hardship, you may qualify for a rebate of a portion or all of San Anselmo's Municipal Services (called "General Purpose" on your property tax bill), Pension Override Taxes and Library Parcel Tax.

Property owners who may be eligible to receive a rebate of the Municipal Services and/or Pension Override Taxes and/or Library Parcel Tax from the Town of San Anselmo include:

1. Any household that is eligible for Public Assistance and/or Food Stamps from the Health and Human Services Department of the County of Marin.
2. Any household in which the principal wage earner or wage earners have been unemployed for at least 90 days prior to the application date.
3. Any household whose total income is equivalent to or less than "very low income" for the number of persons in the household, as shown on the most current Federal Housing and Urban Development Income Limits for Marin County below:

	<u>Number of Persons in Household</u>			
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Income Limit	\$65,050	\$74,350	\$83,650	\$92,900

These income limits are "very low income" from the Income Limit Schedule prepared by the U.S. Department of Housing and Urban Development Marin County for FY 2023.

To be considered for a tax rebate, please complete the attached application and accompanied by documentation supporting the application and return to Town Hall by **May 10, 2024**. Tax rebate requests for the current year only can be considered by the Tax Equity Board. **Rental property is not eligible** to be considered for the San Anselmo Tax Rebate Program.

After your application is received, it is given a number and that number is placed on each page of the application. The page of the application with your name, address, and property is removed and the rest of the application is submitted to the Tax Equity Board.

The Tax Equity Board is comprised of three Town residents with a reputation for impartiality who are appointed by the Town Council. The Board meets between May and June to make a determination on which applications are approved for rebate, and the amount of the rebate.

Once the Board completes its deliberations, the Town mails checks for the amount of the rebates to the property owners whose applications were approved. **Applicants should pay their taxes as stated on the property tax bill to the County Tax Collector's Office.** The County is not involved in any way in this tax rebate program.

Please be advised that under state law, checks issued by the Town are subject to public disclosure, and therefore, the names of the recipients of tax rebates, and the amount of the rebates, are public information.

If you would like more information, please contact Jeff Zuba at the San Anselmo Town Hall (415) 258-4678.

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**APPLICATION FOR REBATE OF MUNICIPAL SERVICES TAX**  
**AND/OR PENSION OVERRIDE TAX**  
**AND/OR LIBRARY PARCEL TAX**

TO BE SUBMITTED TO THE FINANCE DIRECTOR'S OFFICE BY **MAY 10, 2024.**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Property address(es),  
if different from mailing address:  
\_\_\_\_\_

Assessor's parcel number(s):  
\_\_\_\_\_

I hereby declare under penalty of perjury under the laws of the State of California that the statements made above and attached hereto by me are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

TO REQUEST AN APPEARANCE BEFORE THE TAX EQUITY BOARD (Optional):  
This page of the application will be detached before submission to the Tax Equity board, unless you wish to waive confidentiality and appear before the Board. You are not required to appear for your application to be considered.  
If you choose to appear before the Board and waive confidentiality, please sign the following statement:  
I hereby waive all rights to confidentiality under Section 8-2.03 of the San Anselmo Municipal Code and request a hearing before the Tax Equity Board.  
\_\_\_\_\_  
Signature

For staff use:  
Rebate authorized by Tax Equity board:  
Date \_\_\_\_\_ Amount \_\_\_\_\_

How many parcels of property do you own? \_\_\_\_\_

What is the total assessed value of the subject property(ies)  
(List separately if more than one)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How is your property used?

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Other \_\_\_\_\_

Is your property owner occupied? Yes \_\_\_\_\_ No \_\_\_\_\_ In part \_\_\_\_\_

Do you own any real property other than the property for which you are requesting a tax rebate?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you do not occupy the property, or if the property has a commercial or other use, or if you own any other real property, please explain why you believe you qualify for the rebate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many persons are in your household? \_\_\_\_\_

What is the annual gross income (before taxes) from all sources of your household? \_\_\_\_\_

Is the principal wage earner(s) unemployed?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, for how long? \_\_\_\_\_

Are you retired? Yes \_\_\_\_\_ No \_\_\_\_\_

Please attach documentation to this application supporting your request for a tax rebate. This information may include your prior year's federal income tax forms and/or registration with the PG&E CARE Program.

Has there been an unforeseen emergency that has created a catastrophe for your family that is causing you to apply for this rebate? If so, please explain (attach additional pages if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax rebate requested for:

Pension Override \_\_\_\_\_ Amount of tax \$ \_\_\_\_\_

Municipal Services ("General Purpose" on tax bill) \_\_\_\_\_ Amount of tax \$ \_\_\_\_\_

Library Parcel Tax \$ \_\_\_\_\_

If there are any other comments you would like to make, please use the space below, and/or attach additional pages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Board Use:			
Municipal Services Tax:	Rebate denied _____	Rebate granted _____	Amount \$ _____
Pension Override Tax:	Rebate denied _____	Rebate granted _____	Amount \$ _____
By: _____			Total: \$ _____
Tax Equity Board			