

Submit 2017 Income

Parcel Number: _____ - _____ - _____



City of Oakland

Finance Department, Revenue Management
Bureau 150 Frank H. Ogawa Plaza, Suite 5342
Oakland, CA 94612

(510) 238-2942

TDD (510) 238-3254

SPECIAL ASSESSMENT REFUND APPLICATION 2018/2019 PROPERTY TAX YEAR

To qualify for a "very low income" refund, you must check the following boxes, and apply no later than 1 year from the date of your first installment payment.

- ☐ The owner-occupant(s) of the property
- ☐ Have a combined family income from all sources in 2017 not exceeding the levels defined as very low income according to the U.S. Housing and Urban Development. Income levels are shown in the table to the right.

Number in Household	Combined 2017 Household Income
1	\$40,700
2	\$46,500
3	\$52,300
4	\$58,100
5	\$62,750
6	\$67,400
7	\$72,050
8	\$76,700

Special assessment districts: -LLAD (CITY LANDSCAPE/LIGHT)
-Measure O (CITY LIBRARY SERVICES)
-Measure Z (VIOLENCE PREVENTION TAX)
-Measure D (CITY LIBRARY SERVICES-D)

Under the column of Income Source below, include all sources of income received in **2017**, including salaries, wages, Social disability, AFDC, business earnings, etc. You must provide supporting documentation for these amounts. Examples of supporting documentation include income tax returns, payroll stubs, Social Security benefit letters, rent receipts, and other award letters. Submit the completed form, together with supporting documentation, to the Revenue Management Bureau, Attn: Refunds, 150 Frank H. Ogawa Plaza, Suite 5342, Oakland, CA 94612. For further information call (510) 238-2942.

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____ Oakland, CA 946 _____ Phone: _____

Resident Name	Age	Gender	Relationship	2017 Income Amount	Income Source	Verification Document
			Head of Household			
Total Number of Residents:			Total Income:			

I declare under penalty of perjury that I own and live in the dwelling for which I am requesting a special assessment refund; that the income stated above is the total income for my household, and that all information provided here in is true to the best of my knowledge. I understand that if any of the above information is found to be untrue, I may forfeit my eligibility. I further understand that this form may be subject to an audit, verification check, and possible denial of the refund. I hereby authorize the City of Oakland to verify all the information herein provided.

Owner's Name: _____ Owner's Signature: _____ Date: _____

Co-Owner's Name: _____ Co-Owner's Signature: _____ Date: _____