



CITY OF OAKLAND

Parcel No.: _____

Application Date: _____

SPECIAL ASSESSMENT REFUND APPLICATION (MAINTENANCE DISTRICTS ONLY)

ELIGIBILITY INFORMATION: To qualify for a refund, you must (a) be the owner-occupant of the property, and (b) have a combined family income from *all* sources in 2015 not exceeding the levels defined as *very low income* according to the U.S. Housing Urban Development. *Very low income* levels for the City of Oakland are shown at right, below:

INSTRUCTIONS: To apply for a refund, complete all fields on this form and submit it between July 1, 2016, through June 30, 2017.

Under the column of *Income Source* below, include all sources of income actually received in 2015, including salaries, wages, Social Security, 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, Revenue Audit, 150 Frank H. Ogawa Plaza, Suite 5342, Oakland, CA 94612. For further information, call (510) 238-2942.

Very Low Income Eligibility Levels

Number in Household	Combined Family Income
1.....	\$32,550
2.....	37,200
3.....	41,850
4.....	46,450
5.....	50,200
6.....	53,900
7.....	57,600
8.....	61,350

Name: _____

Last First MI

Address _____

Oakland, CA 946 _____ Daytime Phone: _____

Assessment Districts:

- Landscape and Lighting
- Measure Z (Effective 7/1/15)
- Measure O - Library

RESIDENT NAME(S)	AGE	SEX	RELATIONSHIP	2015 INCOME	INCOME SOURCE	HOW VERIFIED
1			Head of Household			
2						
3						
4						
5						
6						
7						
NUMBER IN HOUSEHOLD			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 herein 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 any and all of the information herein provided.

Owner's Signature _____

Date _____

Co-Owner's Signature _____

Date _____

FOR OFFICE USE ONLY

COMMENTS: _____

Refund Approved _____

Date Approved _____

ORIGINAL TO BUSINESS TAX SECTION

YELLOW COPY TO APPLICANT