



PARCEL TAX REIMBURSEMENT AFFIDAVIT  
FISCAL YEAR 2019-20

This is a request for reimbursement of the \$ \_\_\_\_\_ assessed for the Public Safety Parcel Tax that is included on my FY 2019-20 property tax bill from the County of Alameda.

An exemption to this assessment is claimed on the basis as an eligible low income household of \_\_\_\_\_ members, with a gross household income, including interest and rental income of \$ \_\_\_\_\_.

<u>Household Size</u>	<u>Maximum Income to Qualify for Exemption</u>
1	\$43,400/year
2	\$49,600/year
3	\$55,800/year
4	\$61,950/year
5	\$66,950/year
6	\$71,900/year
7	\$76,850/year
8	\$81,800/year

As evidence of qualification for this exemption, the following documents are required. Incomplete documentation may be cause for denying your request.

1. Tax Return Transcript from the Internal Revenue Service for each person listed as a property owner on the Alameda County Secured Property Tax Statement. A transcript for couples filing a joint return is acceptable. *A Tax Return Transcript may be requested on-line at [www.irs.gov](http://www.irs.gov) or by calling 800-908-9946 and following the prompts in the recorded message.*  
*OR*  
If you do not file a tax return, please provide a copy of your Social Security Benefit Verification Letter (this may also be referred to as a "budget letter," a "proof of income letter," or a "proof of award letter.")
2. Tax Return Transcript for all other persons residing in the household who are not listed as a property owner.
3. A copy of your Alameda County Secured Property Tax Statement
4. Photo identification of the property owner filing the reimbursement request

	<u>Names</u>	<u>Social Security Number</u>	<u>Claimed as Dependent (Y/N)</u>
1.	_____	_____ - ____ - ____	_____
2.	_____	_____ - ____ - ____	_____
3.	_____	_____ - ____ - ____	_____



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	<u>Names</u>	<u>Social Security Number</u>	<u>Claimed as Dependent (Y/N)</u>
4.	_____	____-____-____	_____
5.	_____	____-____-____	_____
6.	_____	____-____-____	_____
7.	_____	____-____-____	_____
8.	_____	____-____-____	_____

*I understand that my application for a Public Safety Parcel Tax refund may be denied if I do not provide necessary information to establish my eligibility for the low-income exemption.*

I understand the refund check will be made payable to the person(s) named on the property tax bill. I further understand that according to Union City Municipal Code Section 3.20.090, any claim must be filed no later than one hundred days after the payment of the tax.

I certify under the penalty of perjury *under the laws of the State of California* that the above statements are true and correct.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Address – Union City, CA 94587

\_\_\_\_\_  
Phone Number

**FINANCE USE ONLY:**

	1 <sup>st</sup> Installment Paid	2 <sup>nd</sup> Installment Paid	Paid in One Installment On
Property taxes paid	_____	_____	_____

Claim submitted within 100 days of date of property tax payment (circle)      Yes                      No

**CITY OF UNION CITY**

34009 Alvarado-Niles Rd • Union City • CA • 94587  
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