

Request for Refund of BUSD Property Taxes Supplemental Form

Form: FINRC-VLI-SPP Created: February 2024

Individuals who own and occupy a Berkeley parcel, as a principal residence, may request an annual refund of some or all BUSD taxes. The refund program is intended for:

- low-income owner-occupants, age 65 or older
- owner-occupants receiving Supplemental Security Income (SSI) for a disability, regardless of age
- owner-occupants receiving Social Security Disability Insurance (SSDI) benefits, regardless of age, whose annual income does not exceed 250% of the federal poverty guidelines

| Applicant's name: | | | | |
|--|--|--|--|--|
| Applicant's age (if app | olying for the low-income se | nior refund): | | |
| Number of Members is | n the household: | | | |
| Do you receive Supple | emental Security Income (SS | SI): $\square Y \square N$ | | |
| Do you receive Social | Security Disability Insurance | e (SSDI) Benefits: | : □Y □ N | |
| | | | | |
| ease attach copies of req | uired documentation as list | ted below, provid | e one of each type. | |
| Applicant Type | Taxes to be Refunded | Residence | Income | Age/Other |
| Low-Income Senior | - Measure E1 (BSEP) - Measure E (BERRA) - Measure H (Maintenance) | - Utility Bill - Social Security Check | - Income Tax Return - Other proof of yearly household Income | Valid CA ID Birth Certificate Medicare Card Passport |
| Social Security Disability Insurance Recipient | - Measure E (BERRA) - Measure H (Maintenance) | | | - SSDI Verification Letter* |
| Supplemental Security Disability Insurance Recipient | - Measure E (BERRA) Measure H (Maintenance) | | N/A | - SSI Verification Letter* |
| Administration Office | tion letters can be obtained of at (800) 772-1213, or by vis be attached to the City of Bo | iting a local Social | Security Administrati | ecurity ion Office. |
| | enalty of perjury, that the abound correct to the best of my | | l accompanying verific | cation |
| Signature of Applicant or Designee | | | Date | |