



Finance Department  
Revenue Collection Division

November 2006

## Very Low Income Refund Program Supplemental Information Form

**Claimant's Name:** \_\_\_\_\_

\_\_\_\_\_ **IS ON TITLE ONLY**, is not a member of  
(Name of person(s) on title other than claimant)

my household, and does not contribute income in any manner to my household located at:

**Property Address:** \_\_\_\_\_

**I hereby certify, under penalty of perjury, that the above statements are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Property Owner or Authorized Agent

\_\_\_\_\_  
Date

**FOR STAFF USE ONLY**

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date Received