Per Section 16.10.C of the Los Angeles County Flood Control District Code: “The Chief Engineer shall work with stakeholders to develop and implement a general income-based tax reduction program including implementation procedures and guidelines for the program and shall update those implementation procedures and guidelines from time to time, consistent with the purposes and goals of the SCW Program, as the Chief Engineer deems necessary or appropriate for the effective operation of the program.”

Individuals that both own and reside on a residential parcel within the District, are head of household or are the sole providers of maintaining the costs of the home, and whose household income does not exceed the Very Low-Income or Extremely Low-Income limits reflected in the following table, may apply for a reduction from the Safe, Clean Water Program Special Parcel Tax. The reduction amount is a percentage based off the income limits and number of persons in the household shown in the table below. For individuals that fall below the income threshold and are not required to file a Federal or State Income Tax Return, alternative documentation will need to be provided to show that income falls below the income threshold (such as but not limited to Social Security forms, W-4 showing tax exempt status, etc.).

A General Income-Based Tax Reduction Form must be submitted on an annual basis and no later than May 1 of each fiscal year. The Fiscal Year (FY) is equal to the Tax Year, running July 1 through June 30.

Income limits applicable to the General Income-based Reduction for FY 2021-22 are shown in the table below.

<table>
<thead>
<tr>
<th>LA County Income Limits</th>
<th>Number of Persons in Household</th>
<th>Special Parcel Tax Percent Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Extremely Low</td>
<td>$23,700</td>
<td>$27,050</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>$39,450</td>
<td>$45,050</td>
</tr>
</tbody>
</table>

2020 State Income Limits, California Code of Regulations, Title 25, Section 6932 (http://www.hcd.ca.gov)

Completed applications can be submitted in person or by mail:

**Mailing Address**
Safe Clean Water Program, 11th Floor
P.O. Box 1460
Alhambra, CA 91802-1460

**In-Person Drop Off Physical Address**
Safe Clean Water Program, 11th Floor
900 S. Fremont Ave.
Alhambra, CA 91803

For any questions about this form please contact us by phone at 833-ASK-SCWP (833-275-7297) or through email at SafeCleanWaterLA@pw.lacounty.gov

(✱✱DO NOT SEND COMPLETED APPLICATIONS TO THIS EMAIL ADDRESS✱✱)
SAFE CLEAN WATER PROGRAM
2021-22 GENERAL INCOME-BASED TAX REDUCTION FORM

<table>
<thead>
<tr>
<th>Owner Name:</th>
<th>Phone No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
</tr>
<tr>
<td>Assessor’s ID No. (AIN):</td>
<td></td>
</tr>
</tbody>
</table>

**Acknowledgement (Both boxes must be checked to qualify for the exemption)**

- [ ] I/We certify that I/We both own and reside at the property identified above
- [ ] I/We certify that I/We are the sole providers in maintaining the costs of owning my/our home.

**Verification of Residence** (Check only one of the following and attach a copy)

- [ ] State Driver’s License or State ID
- [ ] Utility Service Bill (gas, water, electric, etc.)
- [ ] Official Government Mail (CalWorks, Social Security, etc.)
- [ ] Other _______________________

**The Adjusted Gross Income of my/our household for 2019 is** $___________

**The Total Number of Persons in my/our household is** ________________

**Verification of Income** (Check only one and attach a copy)

- [ ] 2019 Federal Income Tax Return
- [ ] 2019 State Income Tax Return
- [ ] Social Security SSA-1099
- [ ] Other _______________________

The application form will be available at www.SafeCleanWaterLA.org and physical copies will be available at LA County Public Works Headquarters at 900 S. Fremont Ave, Alhambra, CA 91803.

I CERTIFY UNDER THE PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT THIS APPLICATION AND ALL SUBMITTED MATERIALS ARE SUBJECT TO SAFE, CLEAN WATER PROGRAM AUDITS.

Signature: ___________________________ Date: ________________

For Office Use Only

<table>
<thead>
<tr>
<th>Reviewed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Staff Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Staff Signature: _______________ Date: _____/____/____

Updated: 05/04/2020