2021-2022 LOW-INCOME SENIOR-OWNED SPECIAL PARCEL TAX EXEMPTION CLAIM FORM

** For FY21-22 only, this application and attachments must be submitted and postmarked by May 1, 2021 **

Per Section 16.08.A of the Los Angeles County Flood Control District Code: “Commencing the fiscal year 2019-20, an annual special parcel tax in the amount of two and one-half (2.5) cents per square foot of Parcel Impermeable Area, is hereby imposed upon all Parcels located within the District, except as provided in Section 16.09 of this Chapter.”

Per Section 16.09 of the Los Angeles County Flood Control District Code: “The following Parcels shall be subject to exemption from the Special Parcel Tax specified in Section 16.08 of this Chapter: ... B. Upon application, Low-Income Senior-Owned Parcels.”

For the purposes of the Safe, Clean Water Program:
“Low-Income Senior-Owned parcels” means Parcels within the District that are owned and occupied as a residence by individuals over the age of sixty-two (62) who are the head of a Low-Income Household.

“Low-Income Household” means a household in the District with a household income that does not exceed the Low-Income limit for Los Angeles County as determined annually by the California Department of Housing and Community Development.

Senior 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 Low-Income limit reflected in the following table may apply for an exemption from the Safe, Clean Water Program Special Parcel Tax. For seniors that fall below the income threshold 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 parcel tax exemption claim form must be submitted on an annual basis and no later than May 1 of each fiscal year. An applicant must reach the age of 62 or older prior to June 30 of the current fiscal year to be exempt for the following fiscal year. The Fiscal Year (FY) is equal to the Tax Year, running July 1 through June 30.

Income limits applicable to the Low-Income Senior-Owned Parcel exemption for FY 2021-22:

<table>
<thead>
<tr>
<th>LA County Low-Income Limit</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Income</td>
<td>$63,100</td>
<td>$72,100</td>
<td>$81,100</td>
<td>$90,100</td>
<td>$97,350</td>
<td>$104,550</td>
<td>$111,750</td>
<td>$118,950</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***)

Updated: 5/4/2020
SAFE CLEAN WATER PROGRAM
2021-22 LOW-INCOME SENIOR-OWNED SPECIAL PARCEL TAX EXEMPTION CLAIM FORM

Owner Name: ___________________________ Phone No: ___________________________

Street Address: ___________________________

City, State, Zip: ___________________________

Assessor’s ID No. (AIN): ___________________________

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 all members of my/our household are 62 years old or older (not including minors or adults who are ineligible to work) and that I/we are the sole providers in maintaining the costs of owning my/our home.

(NOTE: If members of your household are adults younger than 62 years old and are eligible to work, you do not qualify for this exemption. You may instead be eligible for the Safe Clean Water General Income-Based Tax Reduction)

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 ___________________________

As of the date of my signature on this claim form, I am ________ years old

Verification of Age (Check only one and attach a copy)
☐ State Driver’s License or State ID
☐ Birth Certificate
☐ Passport

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

Reviewed by: ___________________________ Staff Name: ___________________________

Staff Signature: ________________________ Staff Review Date: _____/____/_____