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|  **Park Maintenance Tax and****Open Space Protection Tax****Low Income Refund Program** **For Tax year 2023** |

**Qualified low-income homeowners may receive a full refund of their Davis Park Maintenance Tax and Open Space Protection Tax. This is an annual refund program. Not an exemption from the tax that appears on your property tax bill.**

**Who is eligible for a refund?**

1. **Homeowners who meet the low-income requirements are eligible. A homeowner is the owner-occupant of a parcel in Davis who is listed as the owner on the assessor’s tax roll, or a resident-owner in a “limited equity housing cooperative” (a copy of the Shareholders Certificate is required).**
2. **The homeowner(s) cannot be delinquent on these two taxes to receive a refund.**

**How to apply:**

1. **Complete this application form and return to the City of Davis by August 12, 2024** **with the required “Proof of Income”.**
2. **Proof of the total combined household income is required. Submit a complete copy of the federal income tax return for the prior tax year for all household members.**

**Refund checks will be mailed in September 2024. For more information, visit our website at http://cityofdavis.org**

 **City of Davis**

**Park Maintenance Tax and Open Space Protection Tax**

**Low Income Refund Program**

 **Please fill in the blanks:**

**SECTION I: Declaration of Owner/Occupant:**

**I (We) declare that for tax year 2023, I was (we were) the owner(s) and occupant(s) of the dwelling unit and property located at:**

**SECTION II: Declaration of Income:** (Proof of Income Required)

**I (We) declare that the total combined income for my (our) household for 2023 did not exceed the maximum limit for the household size I (we) checked below:**

**Size Of Household and Maximum Total Combined Household Income**

 **1 with max $40,400 5 with max $62,300**

 **2 with max $46,150 6 with max $66,900**

 **3 with max $51,900 7 with max $71,500**

 **4 with max $57,650 8 with max $76,100**

**Total combined household income means**: gross income, wages, tips, social security, interest, dividends, pensions, annuities, SSI/SSP, rental income, self-employed business income and capital assets income for all household members.

“**Household member**” is any and all persons living in the residence at any time during the tax year including co-owners named on the tax role. Co-owners are considered household members whether or not they reside in the home.

SECTION III: **Under penalties of perjury, I (we) declare** the foregoing is true and correct including the attached proof of income document(s) and that this declaration is executed on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Applicant’s name Applicant Sign Here

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Co-Applicant’s name Co-Applicant Sign Here

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| Park Maintenance Tax and Open Space Protection Tax Low Income Refund Program |

Attach Proof of Income Here

**“Proof of income” is a complete copy of the 2023 federal income tax return, and all applicable schedules, for all household members.**

Applicant:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Social Security Number: |  |  |  | - |  |  | - |  |  |  |  |
| Name: |  First Name Middle Initial Last Name |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- |
| Daytime | AreaCode |  | Telephone Number |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Telephone Number |  |  |  |  |  | - |  |  |  |  |

Co-Applicant:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Social Security Number: |  |  |  | - |  |  | - |  |  |  |  |
| Name: |  First Name Middle Initial Last Name |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  |  Address Number Street Name # |
| 2023Service |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address |  City State Zip Code |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
|  |  Address Number Street Name # |
| CurrentMailingA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address |  City State Zip Code |
| (If different from serviceaddress) |  |  |  |  |  |  |  |  |  |  |

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| Return this completed application by August 12, 2024. Drop box available in the parking lot at City Hall or Return via mail in the pre-addressed envelope. |