



Southern Marin Fire Protection District
28 Liberty Ship Way, Suite 2800, Sausalito, CA 94965
(415) 388-8182 ext. 4472 – Fax (415) 388-8181

financeassistant@smfd.org

MEASURE U SENIOR LOW-INCOME EXEMPTION APPLICATION

All applicants must complete the following information (Please print clearly or type):

The Measure U special parcel tax shall not be imposed upon any low-income owner, age sixty-five (65) years and over as of July 1 each applicable fiscal year, of a parcel used solely for owner-occupied, single-family residential purposes, if the owner obtains an annual exemption to the special tax approved by the Southern Marin Fire Protection District. Low-income means the parcel owner's income is equal to or lower than the U.S. Department of Housing and Urban Development (HUD) income limits used to determine eligibility for assisted housing programs as set forth in the San Francisco, California HUD Metro FMR Area rates published annually.

To qualify for a Senior Low-Income Exemption for an owner-occupied, single family resident, **you must be 65 years of age or older by July 1, 2025**, and earn a total gross annual household income (before expenses, losses, and taxes, and from all sources, including social security) calculated on number of people on household:

1 Person: \$108,300 2 People: \$123,800 3 People: \$139,250
4 People: \$154,700 5 People: \$167,100

Residential Parcel #: _____

(This 8 digit Parcel # can be found on the upper left-hand corner of your Property Tax Bill)

The parcel is owner occupied: Yes No

Property Owner's Name(s): _____

Property Address: _____

City & Zip: _____

Daytime Telephone: _____

Email: _____

Date of Birth: _____

PROOF OF INCOME (please **do not** include any supporting documentation):

Total Household Income* \$ _____

Number of people living in household _____

*Household income is the combined gross income from all sources including social security, taxable, or non-taxable, for all persons who occupy the single-family residence and does not include Federal and State income tax adjustments, deductions, exemptions or credits.

SIGNATURE IS REQUIRED BELOW TO PROCESS APPLICATION

I declare under penalty of perjury under the law of State of California that this claim (including any accompanying proof of age documents) and the information including my household income and number of people in the household, to the best of my knowledge, is correct and complete. I attest I am an owner and a resident of the property listed above.

Executed this day of: _____, 20 _____.

Property Owner's Signature: _____

Property Owner's Name (print legibly): _____

Please mail, fax or email the completed application to the address at the top of this form. (Before mailing, please make a photocopy for your records)

YOU MUST REAPPLY EACH YEAR TO KEEP THE EXEMPTION IN EFFECT

Your application must be postmarked by June 30, 2025.