Request for Refund of BUSD Property Taxes
Supplemental Form

Finance Department
Revenue Collection Division

Individuals who own and occupy a Berkeley parcel, as a principal residence, may request an annual refund of BUSD taxes. The refund program is intended for:

- low-income owner-occupants, age 65 or older
- owner-occupants receiving Supplemental Security Income (SSI) for a disability, regardless of age
- owner-occupants receiving Social Security Disability Insurance (SSDI) benefits, regardless of age, whose annual income does not exceed 250% of the federal poverty guidelines

Applicant's name: _____

Applicant's age (if applying for the low-income senior refund): _____

Number of Members in the household: _____

Do you receive Supplemental Security Income (SSI): **Y   N**

Do you receive Social Security Disability Insurance (SSDI) Benefits: **Y   N**

Please attach copies of required documentation as listed below, provide one of each type.

Applicant Type	Taxes to be Refunded	Residence	Income	Age/Other
Low-Income Senior	- Measure H (BSEP 2024) - Measure E (BERRA 2020) - Measure H (Maintenance 2020)	- Utility Bill - Social Security Check	- Income Tax Return - Other proof of yearly household Income	- Valid CA ID - Birth Certificate - Medicare Card - Passport
Social Security Disability Insurance Recipient	- Measure H (BSEP 2024) - Measure E (BERRA 2020) - Measure H (Maintenance 2020)			- SSDI Verification Letter*
Supplemental Security Income Recipient	- Measure H (BSEP 2024) - Measure E (BERRA 2020) - Measure H (Maintenance 2020)		N/A	- SSI Verification Letter*

* SSDI and SSI verification letters can be obtained online at ssa.gov, by calling the Social Security Administration Office at (800) 772-1213, or by visiting a local Social Security Administration Office.

NOTE: This form must be attached to the City of Berkeley claim form FINRC-VLI-APP.

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

_____   _____
Signature of Applicant or Designee   Date