



Finance Department
Revenue Collection Division

**Claim for Very Low Income Refund
For Refund of Money Paid**

CLAIMANT'S NAME: _____

CLAIMANT'S COMPLETE ADDRESS: _____

SEND NOTICES TO: _____

TELEPHONE NUMBER(S):	
AMOUNT OF PAYMENT:	
DATE OF PAYMENT:	
TYPE OF PAYMENT (Check all that apply)	PROPERTY TAXES <input type="checkbox"/> SEWER FEES <input type="checkbox"/> UTILITY USERS TAX <input type="checkbox"/>
DOLLAR AMOUNT OF CLAIM	\$ _____
PROPERTY ADDRESS or PARCEL NUMBER TO WHICH FEE, TAX OR ASSESSMENT IS APPLICABLE	
NUMBER OF UNITS	
SOURCE OF INCOME	
REASONS FOR REFUND:	<p align="center">__VERY LOW INCOME REFUND PROGRAM__</p> <p>I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE</p>

Dated: _____

Signature of Claimant

MAIL OR DELIVER TO:

**City of Berkeley
Finance /Revenue Collection
1947 Center Street, 1st Floor
Berkeley, CA 94704
ATTN: Low Income Refund**

Printed Name

Citywide Customer Service Call Center 510. 981-7200

You are required to provide the information requested above in order to comply with Government Code section 910.		
Warning: Presentation of a false claim is a felony (Penal Code section 72). Pursuant to CCP sections 128.5 and 1038, the City may seek to recover all costs of defense in the event an action is filed that is later determined not to have been brought in good faith and with reasonable cause.		
For Office Use Only:	Reviewed By: _____	Date Received: _____
Property Rental Income	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Claimant on Title Only	Yes <input type="checkbox"/> No <input type="checkbox"/>	
65 or Older	Yes <input type="checkbox"/> No <input type="checkbox"/> (For Berkeley Unified School Taxes)	