



# Request for Refund of BUSD Property Taxes Supplemental Form

Finance Department  
Revenue Collection Division

Form: FINRC-VLI-SPP  
Created: July 2021

**Program Background:** A refund of some or all BUSD property taxes is available for individuals who own and occupy, as a principal residence, a parcel and who apply to the City of Berkeley Finance Office annually. It is intended for the following parties:

- For low-income **owner-occupants**, age 65 or older
- For **owner-occupants** receiving Supplemental Security Income (SSI) for a disability, regardless of age
- For **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: \_\_\_\_\_ 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 a copy of proofs of residence, income, birth date, and/or SSI or SSDI verification based on application type, as listed below.**

Applicant Type	Required Documentation (provide one proof for each type):			Taxes to be refunded:
	Age/Other	Residence	Income	
<b>Low-Income Senior</b>	- Valid CA ID - Birth Certificate - Medicare Card - Passport	- Utility Bill - Social Security Check	- Income Tax Return - Other proof of Yearly Household Income	- Measure E1 (BSEP) - Measure E (BERRA) - Measure H (Maintenance)
<b>Supplemental Security Income Recipient</b>	SSI Verification Letter*	- Utility Bill - Social Security Check		- Measure E (BERRA) - Measure H (Maintenance)
<b>Social Security Disability Insurance Recipient</b>	SSDI Verification Letter*	- Utility Bill - Social Security Check	- Income Tax Return - Other proof of Yearly Household Income	- Measure E (BERRA) - Measure H (Maintenance)

\* SSI and SSDI verification letters can be obtained online at [ssa.gov](http://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