



## Claim for Very Low Income Refund Program For Refund of Money Paid

Finance Department  
Revenue Collection Division

Claims must be filed within one (1) year of payment of taxes and/or fees. Please allow 3-4 weeks for processing once all documents are received.

Claimant's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number (s):	
Email Address:	
Refund Type: (Check all that apply)	<input type="checkbox"/> City of Berkeley Special Assessments/Property Taxes <input type="checkbox"/> BUSD Taxes (processed separately by BUSD, age requirements apply to one tax) <input type="checkbox"/> EBMUD Water Bill / Sewer Fees <input type="checkbox"/> Cable Bill / Utility Users Tax

You are required to provide the information requested below per 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.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_  
Date

**MAIL OR DELIVER TO:**

City of Berkeley  
ATTN: Very Low Income Refund Program  
Finance Department - Revenue Collection  
1947 Center Street, 1<sup>st</sup> Floor  
Berkeley, CA 94704

<b><u>Very Low Income Refund Check List</u></b>
<input type="checkbox"/> Tax Return or Proof of Income <input type="checkbox"/> Property Tax Statement and proof of payment <input type="checkbox"/> Sanitary Sewer fees (on EBMUD water bill) and proof of payment <input type="checkbox"/> Utility User's Tax (on Cable bill) and proof of payment <input type="checkbox"/> For BUSD refund, <a href="#">BUSD Supplemental form</a> (processed by BUSD) <input type="checkbox"/> If 65 years or older, copy of photo ID <input type="checkbox"/> <a href="#">Supplemental Form</a> (if another person is on the title)

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