

# **SALMON CREEK FIRE PROTECTION DISTRICT**

## **HARDSHIP EXEMPTION REQUEST FORM POLICY, GUIDELINES & INSTRUCTIONS**

### **POLICY**

The Salmon Creek Fire Protection District ("District") established, by adoption of Ordinance 23-01, Section 3.B., Hardship Exemption to allow landowners who fall within the U.S. Department of Housing and Urban Development (HUD) Guidelines for "very low"; or "poverty level" income, to apply to the District Board for a partial or complete exemption from the tax.

### **GUIDELINES**

Property owners who believe they qualify for a Hardship Exemption shall submit an application form annually, for each year the exemption is claimed to the District Board. Required information on this form include the owner(s) name, mailing address, email address, phone number, the assessor's parcel number, last year's household income and number of household members and a declaration under penalty of perjury that the applicant(s) qualify for the exemption per HUD Guidelines. Attachments include income verification for the previous year and the most recent property tax bill (to demonstrate property ownership).

The official State Income Limits for all counties are posted at the Department of Housing and Community Development's (Department) website:

<https://dof.ca.gov/forecasting/economics/economic-indicators/inflation/>.

### **INSTRUCTIONS**

**Filing Deadline:** Your Hardship Exemption Request Form must be submitted to the District by **No Later Than March 31** of each year to the Salmon Creek Fire Protection District, P. O. Box 65, Miranda, CA 95553. Or, scan and email to: salmoncreekfpd@gmail.com.

**SALMON CREEK FIRE PROTECTION DISTRICT  
HARDSHIP EXEMPTION REQUEST FORM  
FY 2025-26**

**OWNER(s) INFORMATION:**

Owner(s) Name:	Date:
Mailing Address:	Phone Number:
Email Address:	Assessor's Parcel Number:

**INCOME INFORMATION:**

Last Year's Household Income \$ _____	Number of Household Members _____
<input type="checkbox"/> Current Property Bill Attached	<input type="checkbox"/> Previous Tax Form Attached
<input type="checkbox"/> Other Proof of Income Attached	

I declare under penalty of perjury that the foregoing is true and correct and that my income meets the "very low" or "poverty level" guidelines. I also understand that this form must be submitted each year the exemption is claimed.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**FOR DISTRICT USE ONLY:**

<input type="checkbox"/> Attachments Verified: By: _____ Date: _____
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied    Date: _____