

City of Oakland

SPARE - Special Assessment Refunds and Exemptions 150 Frank H. Ogawa Plaza, Suite 5342 Oakland, CA 94612 **SPARE@OaklandCA.gov** (510) 238-2942

TDD (510) 238-3254

SPECIAL ASSESSMENT EXEMPTION APPLICATION FOR 2025-2026 PROPERTY TAX AFFORDABLE HOUSING OR NONPROFIT HOUSING

DEADLINE: Applications received **on or before May 15th** or next business day thereafter may be eligible for early exemption. Early exemptions remove the qualifying Special Assessment measures before the tax bill is mailed. Applications and qualifying documentation received after May 15th or the next business day thereafter may be eligible for refund exemption. Refund exemptions are check payments equal to the amount of the qualifying exemptions. Checks will only be issued after both property tax payments are made. Refund requests must be made within one (1) year of the final property tax payment.

To qualify for an exemption, the property must be owned by an affordable housing nonprofit corporation or nonprofit-controlled partnership that are exempt from ad valorem property tax (please attach documentation - 2024 Claim for Welfare Exemption and Oakland Business Tax Certificate). The exemption shall apply in the same proportion that is exempted from ad valorem property tax.

The following Special Assessments on Property Tax Statement are eligible for exemption:

| Affordable Housing Nonprofit | | |
|------------------------------|----------------|--|
| 2020 OAK MEASURE Q | 50% exemption | |
| CITY LIBRARY SERV | 50% exemption | |
| CITY LIBRARY SRV-D | 50% exemption | |
| OAKLAND MEASURE AA | 100% exemption | |
| OAKLAND ZOO MEAS Y | 50% exemption | |
| VIOLENCE PREV TAX (NN) | 50% exemption | |
| WILDLIFE PREV ZONE (MM) | 50% exemption | |

| 1. Property Information | |
|-------------------------|---|
| B 141 1 | 5 |

| Parcel Number | Property Address |
|---------------|------------------|
| | Oakland, CA 946 |

2. Affordable Housing Organization Information

| Name | Welfare Exemption Date | |
|---------|-----------------------------|--|
| | | |
| Address | Business Tax Account Number | |
| | | |

3. Representative / Property Manager Contact Information

| 3. Representative / Property Manager Contact Information | | | | |
|----------------------------------------------------------|---------------|-------|--|--|
| Name | | Title | | |
| | | | | |
| Phone Number | Email Address | | | |
| | | | | |
| Address | | | | |
| | | | | |

4. **AFFIDAVIT:** I certify under penalty of perjury under the laws of the State of California that the foregoing and all information contained herein, including any accompanying documents, is true, correct and complete to the best of my knowledge and belief. I hereby authorize the City of Oakland to verify all the information provided.

| Applicant Name (please print) | Title | Applicant Signature | Date |
|-------------------------------|-------|---------------------|------|
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