



City of Oakland

SPARE - Special Assessment Refunds and Exemptions
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Oakland, CA 94612

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(510) 238-2942

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SPECIAL ASSESSMENT REFUND APPLICATION FOR 2020-2021 PROPERTY TAX AFFORDABLE HOUSING NONPROFIT, RELIGIOUS ORGANIZATION OR SCHOOL

To qualify for a refund, the property must be owned by an affordable housing nonprofit, religious organization or school and exempt from property taxes under California law. The following Special Assessment Districts on Property Tax Statement may be eligible for a partial to full refund:

Affordable Housing Nonprofit	Religious Organization or School
Measure D (CITY LIBRARY SRV-D) – 50% refund	Measure Q (2020 OAK MEASURE Q) – 100% refund
Measure Q (2020 OAK MEASURE Q) – 50% refund	Measure Z (VIOLENCE PREV TAX) – 100% refund
Measure Z (VIOLENCE PREV TAX) – 50% refund	

1. Property Information

Parcel Number	Property Address
	Oakland, CA 946 _____

2. Corporate or Organization Information

Name

Mailing Address	City	State	Zip Code

Corporate ID (If applicable)	Property Tax Exempt Status Received as of

3. Representative Contact Information

Name	Title

Phone Number	Email Address

4. Please check the following, if applicable:

- The property is owned by an entity organized and operating exclusively for religious purposes and was granted a Property Tax Exemption from the Alameda County Assessor's Office according to California Law **(please attach documentation)**.
- The property is owned by a nonprofit corporation or nonprofit-controlled partnership that are exempt from ad valorem property tax.
- The property is owned by a school and was granted a Property Tax Exemption from the Alameda County Assessor's Office according to California Law **(please attach documentation)**.

5. 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.

Representative Name	Title	Representative Signature	Date

Submit completed application, with supporting documentation, to the address at the top of the page within one (1) year of the date of payment.