

# County of Santa Cruz Low Income Senior and Disabled Property Tax Postponement Program

*Refer to the Application Form Instructions when completing this form.*

1. SOCIAL SECURITY NUMBER	2. FIRST NAME MIDDLE INITIAL LAST NAME			
DATE OF BIRTH  MONTH      DAY      YEAR				
4. PHONE NUMBER		5. EMAIL ADDRESS		
6. IN CARE OF NAME (IF APPLICABLE)				
7. MAILING ADDRESS  (NUMBER AND STREET)				
8. (CITY)		(COUNTY)	(STATE)	(ZIP CODE)
9. SOCIAL SECURITY NUMBER OF SPOUSE OR REGISTERED DOMESTIC PARTNER	DATE OF BIRTH OF SPOUSE OR REGISTERED DOMESTIC PARTNER	NAME OF SPOUSE OR REGISTERED DOMESTIC PARTNER		
10. ADDRESS OF RESIDENTIAL DWELLING  (NUMBER AND STREET)				
11. (CITY)		(COUNTY)	(STATE)	(ZIP CODE)
12. If you will be <b>62 or older</b> on or before November 1, 2015, check this box		<input type="checkbox"/>	62 or older	
13. If you are <b>blind or disabled</b> and not yet 62 or older, check the appropriate box.		<input type="checkbox"/>	Blind	
<b>Proof of blindness and disability is required with your application</b>		<input type="checkbox"/>	Disabled	
14. If you have delinquent property taxes, enter the year they first became delinquent.....				
15. Enter the year you purchased your home.....				
16. What is the amount owed against your home?.....				\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>
List all loans recorded against your property: _____				
_____				
17. Have you refinanced your home in the last year, or are you in the process of refinancing?...		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
18. Do you have a reverse mortgage, or are you in the process of obtaining one?.....		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
19. Is your property held in a trust? .....		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
20. Do you and all other recorded owners occupy the residence currently and expect to after November 1, 2015.....		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
List name(s) and relationship of <b>all</b> owners of your property. <b>Anyone listed below who IS NOT a spouse, registered domestic partner, or direct-line relative must also submit proof of eligibility.</b>				
Name	Relationship	Social Security Number	Date of Birth	

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**INCOME:** On line 21-32 enter your income for the **2015 calendar year**. See page 3 of the Application Instructions for further detail. If applicable, include the income of your spouse or registered domestic partner. On line 29 enter the total income of other household members.

21. Social Security and/or Railroad Retirement benefits you have or expect to receive in 2015...	21.	_____
22. Interest and/or Dividend payments you have or expect to receive in 2015.....	22.	_____
23. Pensions and/or Annuity payments you have or expect to receive in 2015.....	23.	_____
24. SSI/SSP, AB and/or ATD payments you have or expect to receive in 2015...	24.	_____
25. Rental Income/Loss expected for 2015. Attach your 2014 Federal Form 1040 and Schedules showing the adjustments taken then...	25.	_____
26. Business Income/Loss for 2015. Attach your 2014 Federal Form 1040 and Schedules...	26.	_____
27. Gain/Loss expected for 2015. Attach your 2014 Federal Form 1040 and Schedules.....	27.	_____
28. Other Income (wages, self employment earnings, alimony, trust payments, etc. For complete list see pg. 3, item 28) current and expected for 2015.....	28.	_____
29. Income of Other Household Members current and expected for 2015. Do not include income of minors, students or renters.....	29.	_____
30. SUBTOTAL. Add lines 21-29.....	30.	_____
31. Do you expect to have other adjustments to your 2015 income not previously noted (above)? See Instructions, page 4, item 31 for details. If so, record what you expect for 2015 in field 31 and attach your 2014 Federal Form 1040 and Schedules showing the adjustments from 2014...	31.	_____
32. TOTAL Household Income. Subtract line 31 from line 30. If line 32 is more than \$35,500, <b>STOP</b> . You do not qualify for Property Tax Postponement.....	32.	_____

**ASSETS:** Does anyone in your household have any investment/retirement accounts or real estate property? See page 4 of the Instructions, item 33 for a detailed list of assets that must be included.

33. On line 33, enter the total amount of assets (see detailed list of assets referred to above). On a separate piece of paper, please note what the assets are and where they are held.	33.	_____
34. Does anyone in your household have any other asset that has not been reported anywhere else on this form?	34.	_____
35. In the past two years has anyone in your household sold/given away any type of asset, such as those previously mentioned here and on the Instruction form? If yes, provide an explanation on a separate piece of paper, and include the total on line 35.	35.	_____

**OTHER PROPERTY INFORMATION:**

36. Is your residence part of a Cooperative Housing Corporation?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37. Is your residence based on a Leashold (Possessory) Interest?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38. Is your residence based on a Life Estate or under a Contract of Sale?.....	<input type="checkbox"/> YES	<input type="checkbox"/> NO
39. Is your residence a floating home or mobile home that is situated on rented or leased land? If yes, please enter your mobile home decal number. _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40. Is any portion of your property used for Rental or Business? If yes, please enter the percentage devoted to your personal use. _____%	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**IN ORDER FOR THIS APPLICATION TO BE CONSIDERED COMPLETE, YOU MUST SIGN THE FOLLOWING PAGE, CERTIFYING THAT THE INFORMATION YOU HAVE PROVIDED IS TRUE AND CORRECT. YOU MUST ALSO ATTACH ALL REQUIRED DOCUMENTATION, THE \$50 APPLICATION FEE AND INCLUDE IT WITH YOUR APPLICATION UPON SUBMITTAL TO THE HOUSING AUTHORITY OF THE COUNTY OF SANTA CRUZ, NO LATER THAN SEPTEMBER 23, 2015.**

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**PLEASE ATTACH ALL REQUIRED DOCUMENTATION TO THIS APPLICATION FORM, INCLUDING A COPY OF YOUR MOST RECENT PROPERTY TAX BILL, IF YOU HAVE IT.**

PLEASE SIGN THE COMPLETED FORM.

Mail or hand deliver your completed application form and all supporting documents prior to September 23, 2015 to:

Housing Authority of the County of Santa Cruz, Tax Postponement Program  
2931 Mission Street  
Santa Cruz, CA 95060

**Under penalty of perjury, I declare that this application, including accompanying documents, is to the best of my knowledge true, correct and complete.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER OWNER

\_\_\_\_\_  
DATE

**Signatures of all property owners are required.**