

## Property Tax Postponement Application Form Instructions

*You must include a copy of your most recently filed Federal Form 1040 with all schedules, W-2's and 1040s attached. If you do not have your tax return, refer to the Program Summary about how to contact the IRS to receive a copy of your tax transcript.*

**Line 1: Social Security Number** - Enter your Social Security number in the space provided. The number is required for account identification.

**Line 2: Applicant's Name** - Print or type your full name in the space provided.

**Line 3: Date of Birth** - Enter the month, day, and year you were born. For example, if you were born on July 15, 1936, enter 07/15/1936.

**Line 4: Phone Number** — Please include your daytime telephone number.

**Line 5: E-mail Address** — If you have an email address, please include it.

**Line 6: "In Care of" Name** — If your mail is sent in care of someone else, enter the name.

**Lines 7 and 8: Mailing Address** — Enter the mailing address where your mail is sent.

**Line 9: Spouse or Registered Domestic Partner Information** — Enter the Social Security number, date of birth, and full name of your spouse or registered domestic partner in the spaces provided.

**Lines 10 and 11: Location of Residential Dwelling** — Complete only if the residential address is different from the mailing address on lines 7 and 8.

**Line 12: Proof of Age** — If you will be 62 or older on or before November 1, 2015, whether or not you are blind or disabled, check the box on line 12. You must submit proof of age. A copy of any of the following documents is acceptable if it displays your age or birth date:

- |                            |                       |                               |
|----------------------------|-----------------------|-------------------------------|
| -Driver's license          | -Marriage license     | -Social Security Form 2548    |
| -Birth certificate         | -Church record        | -Social Security award letter |
| -Delayed birth certificate | -Citizenship or       | -Medi-Cal card                |
| -Hospital birth record     | naturalization papers | -Military discharge record    |

**Line 13: Blindness, Disability** – This section of the forms requires you to make certain declarations if you are blind or are less than 62 and are disabled. If you do not have proof of your blindness or disability, feel free to utilize the attached 'Confirmation of Disability Form' (see page 6 of these instructions). This form is being supplied as a courtesy. You are not obligated to use it. If you do not, you must submit some other proof of your disability at the time of application.

**Line 13: Proof of Blindness** — If you are blind and less than 62 years of age, check the box on line 13. Proof of blindness is required at the time you file for property tax postponement. You are considered blind if you have received a medical determination that you have either of the following conditions:

- Central vision acuity (sharpness of vision) of no more than 20/200 with the use of a correcting lens; or
- Tunnel vision, which is a limited visual field of 20 degrees or less.

**Line 13 continued on next page...**

**Line 13: Proof of Disability** – If you are disabled and less than 62 years of age, check the box on line 13. Proof of disability is required at the time you file for property tax postponement. You are considered disabled if:

- You cannot engage in any substantial gainful activity because of a physical or mental impairment;
- The severity of the impairment prevents you from engaging in your previous work and any other type of work, considering your age, education, and work experience;
- The impairment is determined medically by a doctor; and
- The impairment is expected to last for at least 12 months in a row.

**Line 14: Proof of Property Tax Delinquency** – If you have delinquent property tax, enter the year they first became delinquent.

**Line 15: Year your Home was Purchased** – Enter the year your home was purchased.

**Line 16: Amount Owned on Home** – Enter the amount you currently owe on your home. You must include all loans that your home secures (1<sup>st</sup> and 2<sup>nd</sup> Mortgages, any other loan or lien).

**Line 17: Date of any and all Refinancing for 2015** – if you refinanced your home in 2015 or are currently in the process of refinancing it, mark the appropriate box.

**Line 18: Reverse Mortgage** – Check the appropriate box. ***If you currently have a Reverse Mortgage STOP here. You do not qualify for property tax postponement.*** If you are in the process of obtaining a Reverse Mortgage, or plan on doing so in the future, any loan monies that you may qualify for through this program will be come due and payable upon finalization of the Reverse Mortgage.

**Line 19: Property Held in Trust** – Check the appropriate box.

**Line 20: Own and Occupy Property as Principal Place of Residence** —If you will have owned and occupied the property as your principal place of residence on November 1, 2015, and plan to be there continuously after that date then check the "Yes" box. All other recorded owners (except spouse, registered domestic partner, and direct-line relatives) must also meet this requirement. Direct-line relatives are defined as (a) parents, children, or grandchildren of the claimant and/or the claimant's spouse, and (b) the spouses of the relatives named in (a).

***If you and all other record owners do not meet this requirement, check the "No" box and STOP here. You do not qualify for property tax postponement.***

You are still eligible for postponement if: (1) you are temporarily confined to a hospital or medical institution for medical reasons; (2) the property was the principal place of residence immediately prior to confinement; and (3) the residence is not rented.

List the names, relationship, Social Security numbers, and dates of birth of all other recorded owners of the property. All other recorded owners (except spouse, registered domestic partner, and direct-line relatives) must also be either 62 years of age or older on or before November 1, 2015, or be blind or disabled at the time of application.

**Line 21: Social Security and/or Railroad Retirement** — Enter the total payments (gross amount) you and your spouse or registered domestic partner will receive in 2015 for Social Security (including the amount deducted for Medicare premiums) and/or railroad retirement.

**Line 22: Interest and/or Dividends** — Enter the total interest and/or dividends you and your spouse or registered domestic partner are currently receiving, regardless of source or taxability.

**Line 23: Pensions and/or Annuities** — Enter the total amount of pensions and/or annuities you and your spouse or registered domestic partner will receive in 2015, regardless of source or taxability. Include disability retirement payments and any and all annuity distributions.

**Line 24: SSI/SSP, AB and/or ATD** — Enter the total payments you and your spouse or registered domestic partner will receive in 2015 for the Social Security Income/State Supplementary Payment (SSI/SSP) Program, Aid to the Blind (AB), and Aid to the Totally Disabled (ATD). Do not include payments received for Temporary Assistance for Needy Families (TANF) or noncash assistance such as homemaker/chore services.

**Line 25: Rental Income / Loss** — Enter the amount of net rental income/loss, you expect for 2015. You must include a copy of your most recently filed Federal Form 1040 (all pages) with all schedules and attachments. If you have not yet filed your taxes for 2014, you must include any documents of the financial accounting of this rental income or loss.

**Line 26: Business Income / Loss** — Enter the amount of net income / loss you expect for 2015 from your business or farm for 2015. You must include a copy of your most recently filed Federal Form 1040 (all pages) with all schedules and attachments. If you have not yet filed your taxes for 2014, you must include any documents of the financial accounting of this business or farm income or loss.

**Line 27: Gain / Loss** — Enter the amount of gain / loss from the sale of business property and/or capital assets that you expect for 2015. Examples of capital assets are stocks, bonds, and rental real estate. The maximum net loss you may deduct from the sale of capital assets is \$3,000. You must include a copy of your most recently filed Federal Form 1040 (all pages) with all schedules and attachments. If you have not yet filed your taxes for 2014, you must include any documents of the financial accounting of this gain or loss.

**Line 28: Other Income** - Include the total amount of other taxable and nontaxable income you and your spouse or registered domestic partner have and expect to receive in 2015. The following types of income must be included:

- ✓ Wages (including those from self-employment, odd jobs independent contracting, day labor, etc.,
- ✓ Severance Pay,
- ✓ California State Lottery winnings in excess of \$600; 100% of lottery winnings from other states,
- ✓ Life insurance proceeds to the extent that they exceed the expenses incurred for the last illness and funeral of the deceased spouse or registered domestic partner of the claimant,
- ✓ Veterans Administration benefits,
- ✓ Gifts and inheritances in excess of \$300 per year, except between members of the household. This includes amounts provided to the household for food, payment of family or household bills or general living expenses,
- ✓ Alimony received,
- ✓ Child support received,
- ✓ Payments for foster or adopted child(ren),
- ✓ Military compensation,
- ✓ Amounts received from an estate or a trust,
- ✓ Unemployment insurance benefits,
- ✓ Workers' compensation payments for temporary disability,
- ✓ Amounts contributed by or on behalf of the claimant to a tax-sheltered retirement or deferred compensation plan,
- ✓ Amounts received from an employer or any government body for loss of wages due to sickness or accident (sick leave payments),
- ✓ Nontaxable gain from the sale of any real estate including a residence,
- ✓ Scholarships and fellowship grants,
- ✓ The amount of the alternative minimum taxable income in excess of your regular taxable income, if you were required to pay the alternative minimum tax on your 2014 California income tax return
- ✓ Payments, by anyone outside your household for bills or expenses that are made on your behalf.

**Line 29: Income of Other Household Members** — Include the total amount of income received by all other household members living in your home during 2015. A household member is any person who lived with you in your home who was not a renter, a full-time student, or a minor under age 18.

**Line 30: Subtotal** — Add lines 21 through 29.

**Line 31: Adjustments to Income** — Enter the total of all adjustments that you expect to occur to your income for 2015, including any of the following:

- ✓ Forfeited Interest Penalty — Deduct the penalty charged for premature withdrawal from a savings account.
- ✓ Alimony Paid — Deduct alimony payments made as directed by the court.
- ✓ Individual Retirement Account — If you contributed to an Individual Retirement Account (IRA), Keogh Plan (HR10), or Simplified Employee Plan (SEP), you may deduct the amount, subject to the same limitations as for California personal income tax.
- ✓ Self-Employed Health Insurance Deduction — You may deduct the amount, subject to the same limitations as for California personal income tax.
- ✓ Self-Employment Tax Deduction — Deduct 1/2 of the self-employment tax imposed for the taxable year.
- ✓ Student Loan Interest Deduction — Deduct the amount allowed for California personal income tax.
- ✓ Medical Savings Account (MSA) Deduction — Deduct the amount you contributed to an MSA.
- ✓ Moving Expenses — Deduct allowable moving expenses that weren't reimbursed by your employer.

The following items are not deductible from income: mortgage payments, interest paid on loans (other than qualified education loans), repairs, fees, taxes (other than self-employment tax), utilities, medical bills, and health premiums (unless you are self-employed).

**Line 32: Total Household Income** - Subtract line 31 from line 30. Enter the total on line 32. ***If the amount on line 32 is greater than \$35,500, STOP. You do not qualify for property tax postponement.***

**Line 33: Assets** – Does anyone in your household have any investment/retirement accounts or real estate property? Assets include:

- ✓ Certificates of Deposit,
- ✓ Saving Certificates,
- ✓ Money Market Funds,
- ✓ Trust Funds,
- ✓ Special Needs Trusts,
- ✓ Mobile Home,
- ✓ Land,
- ✓ House,
- ✓ Independent Retirement Account (IRA),
- ✓ Personal Investments (jewels, coins) (if yes, list type and value),
- ✓ Lottery winnings,
- ✓ Insurance settlements,
- ✓ Whole Life Insurance (which cash value),
- ✓ Lump Sum Inheritance,
- ✓ 401(k) Retirement (that you have access to),
- ✓ Stocks,
- ✓ Bonds,
- ✓ Cash (if yes, how much: \$ \_\_\_\_\_),

**Line 34: Other assets** – Does anyone in your household have other asset(s) that has not been reported elsewhere on this form?

**Line 35: Assets disposed of for less than Market Value** – If anyone in your household sold or gave away any type of asset (such as money, bank accounts, house, land, mobile home, real estate property, investment accounts, retirement accounts, life insurance policies or any other assets include the total amount on line 35 and provide an explanation on a separate piece of paper. If no, include a 0 on line 35.

**Other Property Information:**

**Line 36: Cooperative Housing Corporation** — If your residence is part of a cooperative housing corporation, check the "Yes" box. If not, check the "No" box.  
Tenant-stockholders own shares in a cooperative housing corporation, which entitles them to occupy for dwelling purposes a house or apartment in a building owned by the corporation. The cooperative housing corporation must allow the stock certificates to be rendered to the Housing Authority of the County of Santa Cruz as collateral for the postponement of property taxes.

**Line 37: Leasehold (Possessory) Interest** — If your residence is based on leasehold (possessory) interest, check the "Yes" box. If not, check the "No" box. If you check "Yes", you must provide a copy of the recorded lease agreement and the policy of title insurance.  
A leasehold (possessory) interest property is land in California that an individual does not own but has the right to possess and occupy. If you have a leasehold interest, it must be for a period of no less than 45 years from the time you first filed for postponement. For example, if you are a first-time filer in 2015, your leasehold interest must extend to at least January 1, 2060.

**Line 38: Life Estate or Contract of Sale** — If your residence is based on a life estate or a contract of sale, check the "Yes" box. If not, check the "No" box. If you check "Yes", you must enclose written consent from the remainder of the estate to postpone property taxes.  
A life estate entitles a person to a lifetime residence on real property owned by another person. A contract of sale is an agreement for the purchase of property in which the title remains in the seller's name until the completion of the contract.

**Line 39: Mobile Home or Floating Home** — If your residence is a mobile home situated on rented or leased land or is a floating home, check the "Yes" box. If not, check the "No" box. If you check "Yes", enter your mobile home decal number in the space provided. *A mobile home or floating home must be on the secured property tax roll to be eligible.*

**Line 40: Property Used for Rental or Business** — If your property is used entirely for your personal use, check the "No" box.  
If your property is used partially for business or as a rental (e.g., duplex or multi-dwelling), or if you live on a farm or similar acreage, check the "Yes" box and enter your best estimate of the percentage of the property devoted to your personal use.  
The percentage of the property devoted to personal use is the portion used as your residential dwelling and as much of the land surrounding it as is reasonably necessary to use the dwelling as your home.

Note: ***Property tax postponement will be allowed only on the portion of property used for your personal use***

**Signature and Date**

You and all other owners of record must sign and date the application form. No one can sign for you without authorization. If another person signs the application for you, enclose with your application a copy of the recorded power of attorney, letter of conservatorship, or other document entitling that person to sign for you.

You may sign by marking an "X" if this is done in the presence of a witness. The word "Witness" and the signature of the witness must be entered after your mark.

**Additional Information**

To obtain more information about the Property Tax Postponement Program:

Call (831) 454-9455 ext. 329 or:

Visit the HACSC's Web site <https://www.hacosantacruz.org/> (click on Property Tax Postponement);

E-mail the program at [info@hacosantacruz.org](mailto:info@hacosantacruz.org) or,

Write the HACSC at:

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

## CONFIRMATION OF DISABILITY FORM

This complementary form may be used if other proof of blindness or disability (if you are less than 62 years of age) is not available. Remember that some proof of blindness or disability must be submitted with your application.

Applicants Name (your full name): \_\_\_\_\_

Your date of birth: \_\_\_\_\_

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If you chose to utilize this form as proof of blindness or disability, the following section must be completed by a physician or other health care professional, or a social worker with medical or professional knowledge of your circumstances.

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\_\_\_ Family member is blind

\_\_\_ Family member is less than 62 years of age and is disabled

\_\_\_ Visual impairment (meeting the definitions below) and or disability are temporary (less than 12 months in a row)

**Warning – Title 18 section 1001 of the United States Code states that any person would be guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.**

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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### Definitions

#### **Blindness**

- o Central vision acuity (sharpness of vision) of no more than 20/200 with the use of a correcting lens; or
- o Tunnel vision, which is a limited visual field of 20 degrees or less.
- o Other

#### **Disabled**

- o Individual unable to engage in any substantial gainful activity because of a physical or mental impairment; or
- o The severity of the impairment prevents applicant from engaging in their prior work and any other type of work, considering their age, education, and work experience; or
- o The impairment is determined, medically, by a doctor; and
- o The impairment is expected to last for at least 12 months in a row.