

NORTH COUNTY LIBRARY AUTHORITY
APPLICATION FOR EXEMPTION FROM LIBRARY TAX
Fiscal Year 2023-24

Enclosed is the 2023-2024 application for exemption from the Library Tax.
Applicants must submit a new application for exemption each year.

After you have completed this form, please e-mail, or mail the application and supporting documentation to:

Customercare@NBSgov.com

NBS
c/o NCLA Library Tax
32605 Temecula Parkway, Suite 100
Temecula, CA 92592

Please include the following items with your application:

- **PROOF OF AGE**
(Driver's License or Passport or Birth Certificate)
- **VERIFICATION OF INCOME**
(2022 Income tax statement, bank statements, rental income, etc. of all persons in your household)

Applicants must meet the 2022 income limits shown below:

<u>Household Size</u>	
1 Person	2 Persons
\$59,000	\$67,400

Source: U.S. Department of Housing and Urban Development

- **PROPERTY TAX BILL**
(Current Secured Property Tax bill from the County of Santa Clara)

NORTH COUNTY LIBRARY AUTHORITY

APPLICATION FOR EXEMPTION FROM LIBRARY TAX

This application must be sent to the customercare@nbsgov.com. **Please call (800) 676-7516 for any questions.**

Name (Please Print): _____

Address: _____

Date of Birth: _____ Driver's License #: _____

Telephone #: _____ E-Mail: _____

Property parcel number (APN): _____
(Shown on property tax bill)

I hereby certify under penalty of perjury that I am 65 years of age (or older) and responsible for the payment of the parcel tax for the above address. *I further declare that the aggregate income, from all sources, does not exceed \$59,000 for a single person household or \$67,400 for a two-person household.*

I will immediately notify NBS, if I no longer live at the above address, or if the property is sold, or of any changes in my financial status that may affect my exemption eligibility.

SIGNATURE

DATE

Note: A copy of your property tax bill will be needed to verify the parcel number of the property. Please include a copy of your driver's license or other proof of age and required proof of household income.

Do not write below this line

Certification granted
by:

DATE: _____

Administrator