

**KERN VALLEY HEALTHCARE DISTRICT
2018 PARCEL TAX EXEMPTION APPLICATION FORM**

Exemption Application Process: On November 6, 2018, voters of the Kern River Valley approved Measure Q, imposing a parcel tax to support improvements to Kern Valley Hospital. Measure Q includes two exemptions from the parcel tax. Persons seeking an exemption from the parcel tax must complete the following requirements.

- (1) Completion and submission of this application by the deadline.
- (2) Furnish all documentation necessary to support the application.

Exemption Application Deadline: This application and all supporting documentation must be received by the District at its administrative office no later than **the close of business on _____**, or the last regular business day immediately preceding that date, of the year for which the exemption will be claimed. A person need only apply once for the exemption, and if it is approved, the exemption will apply until the measure is renewed, replaced, or there is a change in status or ownership of the property.

APPLICATION FOR EXEMPTION FROM PROPERTY TAX

Last name(s): _____ First name(s): _____
Name(s) as they appear on property title document: _____
Primary residential address: _____
City/State/Zip: _____
Assessor Parcel Numbers (APNs): _____

Documents to Prove Entitlement to Exemption:

- (1) If you claim the property is exempt from property taxes: (a) Valid California ID (driver's license or state ID card); (b) proof of ownership; (c) current tax bill, if any; and (d) basis for exemption (government agency, religious institution, nonprofit entity, other.)

- (2) If you claim an exemption because the property is contiguous to an improved, owner-occupied parcel: (a) Valid California ID (driver's license or state ID card); (b) proof of same ownership of both parcels; (c) current tax bill for both parcels; (d) proof the improved parcel is a single family residence; (e) proof the applicant occupies the single family residence; and (f) proof one of the parcels is vacant.

Affidavit: I, (name) _____, hereby certify that I personally own the real property listed above. I declare under penalty of perjury that the information I have provided in the Application is true and correct. Executed on (date) _____, in (city) _____, California.

Signature: _____

Deliver to: Kern Valley Healthcare District, 6412 Laurel Ave., P.O. Box 1628 Mt. Mesa, CA 93240

Received by: _____ Date: _____