

**APPLICATION FOR EXEMPTION FROM  
ASSESSMENT DISTRICT**



ASSESSMENT DISTRICT: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

ASSESSOR'S PARCEL #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

City of Reno Ordinance Number 5385 established the criteria for establishing eligibility for approving exemptions from assessments. The applicant must have a principal residence within the boundaries of the special assessment district and have an equal to or less than 50% of the area median income for Washoe County, Nevada, adjusted for household size, as determined by the United States Department of Housing and Urban Development.

<u>Number of Persons in Household</u>	<u>Annual Household Income Limits</u>
1 .....	\$27,900
2 .....	\$31,850
3 .....	\$35,850
4 .....	\$39,800
5 .....	\$43,000
6 .....	\$46,200
7 .....	\$49,400
8 .....	\$52,550

Number of people in your household: \_\_\_\_\_ Total household annual income: \$ \_\_\_\_\_

Proof of household income will be provided by submitting with this application a copy of your most recent federal income tax return (Form 1040). If you are not required to file a Form 1040, you may submit the annual statement of earning, Form SSA-4926-SM, from the Social Security Administration.

**APPLICANT AFFIDAVIT**

I am the applicant and the foregoing statements and answers herein contained and the information herewith submitted are in all respects complete, true and correct to the best of my knowledge and belief. I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, in \_\_\_\_\_, Nevada  
(Date) (City)

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Please attach a copy of Form 1040 (I.R.S.) or Form SSA-4926-SM (Social Security)

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**Department Approvals:**

\_\_\_\_\_  
Public Works Date