



## PARCEL TAX EXEMPTION and RENTER REBATE INSTRUCTIONS – FISCAL YEAR 2026-27

There are six separate City of Albany parcel taxes. An exemption is available for qualifying homeowners for all six taxes, and a rebate is available for qualifying renters for five of the six taxes.

Eligible Parcel Taxes	Tax Rates**
Library Services Act of 1994 (Measure N)	\$69.22
Supplemental Library Services Act of 2006 (Measure G)	\$28.36
Street Paving and Storm Drain Facility Improvement Tax (Measure F – 2006)*	\$164.07
Sidewalks and Pathways Tax (Measure C – 2024)	\$0.017/lot sq. ft.
Parks and Open Space Facilities Special Parcel Tax (Measure M – 2018)	\$76.49
Emergency Medical Services, Advanced Life Support, and Fire Protection Tax (Measure K – 2022)	\$0.075/sq. ft.

\*Homeowners eligible only.

\*\*Current tax rates shown as reference only and may vary based on size/type of units and may be modified by the city.

### **Application Timeline**

1. Applications for both renters and homeowners are accepted at any point in 2026 but will only be processed after June 1, 2026.
2. Eligible homeowners who submit their application **by June 1** will have the parcel taxes removed from their 2026-27 property tax bill.
3. Eligible homeowners who submit their application after June 1 must pay their property tax bill with the parcel taxes included. If the application is approved for the exemption, the homeowner will receive a refund check in the mail from the City of Albany for the taxes paid.
4. Eligible renters will receive rebate checks in the mail starting in the fall of 2026.
5. Applications must be dropped off or postmarked **by December 31, 2026**.

Note: Approved applications are valid only for the year that they are submitted. You must submit a new application each year to receive the exemption or rebate.

**MAIL COMPLETED APPLICATION** or drop off in person (M-F, 8:30am-5:00pm):

Albany Community Center

Attn: Albany CARES – Parcel Tax Exemption/Renter Rebate

1249 Marin Avenue, Albany, CA 94706

**Please direct any questions to:**

Albany CARES Program, Recreation and Community Services Department

Main Number: (510) 524-9283

Email: [albanycares@albanyca.org](mailto:albanycares@albanyca.org)



# PARCEL TAX EXEMPTION and RENTER REBATE APPLICATION – FISCAL YEAR 2026-27

Please type or print clearly in black ink

Do you own the home you reside in, or do you rent? ☐ Homeowner ☐ Renter

Applicant 1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Applicant 2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Apartment or Unit #: \_\_\_\_\_

How many months will you be residing at this address in 2026? Number of months: \_\_\_\_\_

Applicant Phone Number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

*For renters*

Owner/Landlord Name: \_\_\_\_\_

*For homeowners*

Parcel Number: \_\_\_\_\_

*from property tax bill*

**Please answer #1 below and provide required documents for #2, sign and date**

**1) Household Size:** \_\_\_\_\_ *the number of applicants residing in the home/unit who share income*

See: HUD FY 2025 Income Limits	Household Size							
	1	2	3	4	5	6	7	8
Very Low-Income Annual Maximum	55,950	63,950	71,950	79,900	86,300	92,700	99,100	105,500
*Low-Income Annual Maximum	87,550	100,050	112,550	125,050	135,100	145,100	155,100	165,100

\*Applicants who qualify for the Low-Income limit are eligible to apply for a partial exemption from Measure C only.

**2) Enclose a copy of your most recently filed Form 1040 tax return for all applicants in your household.** The first two to three pages are all that is needed. This form will be kept confidential and will only be used for determining your income qualification.

If you do not file a tax return, please provide other means to document your income (i.e. Social Security benefits statement, pension statement, pay stubs, or three bank statements showing monthly direct deposits).

**3) Certification** – Certification below is required by one applicant of the household.

I certify under penalty of perjury under the law of the State of California, that the above information is true to the best of my knowledge and that my household qualifies pursuant to the program requirements. I understand I may be required to submit additional records to verify eligibility.

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

OFFICE USE ONLY

Exemption Granted: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: \_\_\_\_\_