



PARCEL TAX EXEMPTION and RENTER REBATE INSTRUCTIONS – FISCAL YEAR 2025-26

There are six separate City of Albany parcel taxes. The ordinances imposing these taxes provide for exemptions and/or rebates for households whose total household income from all sources falls below 50% of Area Median Income (see qualifying income table on page 2).

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 (renters are not eligible for a rebate of the Street Paving and Storm Drain Facility Improvement Tax).

The City Council determines the actual rates every year in a June City Council meeting. The following table shows the prior fiscal year tax rate for a Single Family Unit. Rates may vary for different sizes or types of units. The amounts below are for reference only and may change slightly after the June 2025 City Council meeting. Note: An approved application is valid only for the year that it is filed. You must submit a new application each year to receive the exemption or rebate.

Eligible Parcel Taxes	Fiscal Year 2024/25 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)	\$159.66
Sidewalks and Pathways Tax (Measure C – 2024)	\$0.017/lot sq. ft.
Parks and Open Space Facilities Special Parcel Tax (Measure M – 2018)	\$75.51
Emergency Medical Services, Advanced Life Support, and Fire Protection Tax (Measure K – 2022)	\$0.077/sq. ft.

Exemption/Rebate Timeline

1. Applications for both renters and homeowners will be accepted at any point in 2025, but they will not be processed until **June 1, 2025**.
2. Homeowners who submit their application by June 1 and are approved will have the parcel taxes removed from their next property tax bill. If the application is submitted after June 1, the homeowner must pay their property tax bill with the parcel taxes included but will receive a refund check from the City of Albany for those fees.
3. Renters who are approved will receive rebate checks as early as fall of 2025.
4. Applications should be dropped off or postmarked by **December 31, 2025**. Those received after this date will be accepted and reviewed on a case-by-case basis.

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



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Please type or print clearly in black ink

Check the appropriate box:

Homeowner

Renter

Resident 1 First Name: _____ Last Name: _____

Resident 2 First Name: _____ Last Name: _____

Property Address: _____ Apartment or Unit #: _____

Did you, or will you, live at this address at least six months during 2025? Yes No

Applicant Phone Number: (____) _____ Email Address: _____

For renters

Owner/Landlord Name: _____

For homeowners

Parcel Number: _____

from property tax bill

Please answer #1 and #2 below, provide required documents for #3, sign and date

1) Household Size: _____ the number of persons residing in the home/unit who share income

Household Size	1	2	3	4	5	6	7	8
Maximum Annual Household Income	\$54,500	\$62,300	\$70,100	\$77,850	\$84,100	\$90,350	\$96,550	\$102,800

See: <https://www.huduser.gov/portal/datasets/il.html#year2024> (HUD will issue updated income limits in Spring, 2025)

2) My total household income from all sources in the previous calendar year is below the Maximum Annual Household Income above. Yes No

3) Enclose a copy of your most recently filed Form 1040 tax return for all persons in your household. The first two pages are all that is needed. This form will be kept confidential and will only be used for determining your income qualification. You may black out your Social Security number.

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

I/We certify under penalty of perjury under the law of the State of California, that the above information is true to the best of our knowledge, and that I/we qualify as “very low-income” pursuant to the City program requirements. I/We understand the City may require me to submit additional records to verify eligibility.

Signature 1: _____ Date _____

Signature 2: _____ Date _____

(OFFICE USE ONLY)

Exemption Granted: _____ Date: _____ Notes: _____