

**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. **Hardship approvals remain valid for a period of five years.**

<u>Number of Persons in Household</u>	<u>Annual Household Income Limits</u>
1	\$38,700
2	\$44,200
3	\$49,750
4	\$55,250
5	\$59,650
6	\$64,100
7	\$68,500
8	\$72,950

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).
 Please submit this form to RENOBID@reno.gov or Reno City Clerk on the 2nd floor of City Hall by 4pm on May 16, 2025. If you have questions, please send to RENOBID@reno.gov.
 Or mail to : ATTN. Maureen West-Cuthbert
 City of Reno
 PO Box 1900
 Reno, NV 89505

Department Approvals:

 Office of Economic Development Date