

COMMUNITY FACILITIES DISTRICT NO. 1989-1  
(Davis Branch Library)  
COUNTY OF YOLO, STATE OF CALIFORNIA

APPLICATION FOR **LOW INCOME** SPECIAL TAX EXEMPTION

**APPLICATION MUST BE FILED BY JUNE 1, 2025 TO HAVE EFFECT DURING THE FOLLOWING FISCAL YEAR. A NEW APPLICATION IS REQUIRED EACH YEAR.**

County to fill out this section:

Tax Year: 2025/2026    Date filed: \_\_\_\_\_    Assessor's Parcel No. \_\_\_\_\_

**This section to be filled out by the Applicant:**

I, (print name) \_\_\_\_\_, declare:

I am the owner or one of the owners of the property described as Assessor's Parcel \_\_\_\_\_

The other owners are:

\_\_\_\_\_  
\_\_\_\_\_

*The County will check official property records to verify current ownership of the parcel. No other documentation providing proof of ownership is required on your part.*

**I declare that this parcel is occupied by the owners listed above, and our combined household income for 2024 is less than \$62,400. Attached as proof is a copy of my Federal or State Income Tax Return. There is no requirement that the owner/occupant be blind, disabled or a senior citizen.**

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct (including the accompanying proof documents) and that this declaration is executed on

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Daytime Phone (include area code)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Please submit completed form to: SCI Consulting Group, 4745 Mangels Blvd., Fairfield, CA 94534.  
Telephone: (707) 430-4300. Questions about this form should also be directed to Susan Barnes at (707) 430-4300.