



# CITY OF HERMOSA BEACH

FINANCE ADMINISTRATION  
1315 VALLEY DRIVE, ROOM 201  
HERMOSA BEACH, CA 90254  
(310) 318-0225

**2024-25**

## **APPLICATION FOR REBATE LANDSCAPING & STREET LIGHTING DISTRICT**

### WHO IS ELIGIBLE

You are eligible for a partial rebate of Landscaping and Street Lighting Assessment amounts paid for your personal residence if:

(a) you are 62 years of age or older at time of levy (July);

**OR**

(b) you are permanently disabled (physician statement required) and total household income did not exceed \$9,000 for the prior calendar year (see income section below and on reverse side);

**AND**

(c) you reside in the dwelling unit for which the rebate is sought, as of the date of the assessment levy.

### WHAT IS COUNTED AS INCOME (DISABLED APPLICANTS ONLY)

All income received in the calendar year, including but not limited to, salaries, wages, commissions, social security, pensions, rents, capital gains, and interest income.

### HOW MUCH IS THE REBATE

The portion of the assessment exceeding \$16.84 is rebated for the dwelling unit in which the applicant resides. 2024-25 Assessment is \$41.45 per year. Rebate is \$24.61.

### WHAT IS REQUIRED TO RECEIVE THE REBATE

1. Completed application (must be filed annually).
2. Proof of age required. (Driver's License, State ID Card, or Passport)
3. Copy of the 2024 Annual Secured Property Tax Bill for residence. \*
4. Proof of payment made on or before delinquent date for annual assessment in the form of:
  - (a) receipt from County Tax Collector

**OR**

  - (b) canceled check or bank statement for each payment
5. Application must be filed no later than six months after the assessment would be deemed delinquent (October 10, 2025 of the following year unless that date falls on a weekend).

\* A copy of the tax bill may be obtained by calling the L.A. Co. Assessor's Office at (888) 807-2111 and selecting Options 1, 2, and then 9.

**HOW TO APPLY**

If you meet the requirements previously stated, complete this form and submit it with your tax bill, proof of payment, and age and disability (if applicable). You may either mail or bring the *completed form, tax bills, proof of payment, and proof of age and disability (if applicable)* to the Finance Department, Hermosa Beach City Hall, Room 201, 1315 Valley Drive, Hermosa Beach, California 90254, between the hours of 7:00 AM and 6:00 PM, Monday through Thursday.

*PLEASE PRINT ALL INFORMATION LEGIBLY*

Applicant's Name \_\_\_\_\_  
 Name Last First Initial  
 Address \_\_\_\_\_  
 Number Street Apt. No.  
**HERMOSA BEACH** **90254** Resided since (Year) \_\_\_\_\_  
 City Zip Code  
 \_\_\_\_\_  
 Telephone Parcel Number/Assessor's Number

**PROOF OF AGE**

DRIVERS LICENSE  OTHER \_\_\_\_\_   
 PASSPORT   
 DATE OF BIRTH \_\_\_\_\_  
 Month Day Year

AGE   
 CITY USE ONLY  
 INITIALS/DATE \_\_\_\_\_

**PROOF OF DISABILITY (if less than 62 years of age)**

(Attach Physician's Statement)

**CLAIMANT'S INCOME SOURCES DURING PRIOR CALENDAR YEAR**

_____	\$
_____	\$
<b>HOUSEHOLD MEMBERS:</b>	
<u>NAME</u> <u>RELATIONSHIP</u> <u>INCOME SOURCE</u>	<u>PRIOR CALENDAR YEAR INCOME</u>
_____	\$
_____	\$
_____	\$
<b>TOTAL CLAIMANT'S AND HOUSEHOLD MEMBERS INCOME</b>	<b>\$</b>

(TOTAL CANNOT EXCEED \$9,000)

**I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT:**

- 1) I HAVE RESIDED AT THE ABOVE ADDRESS SINCE THE DATE OF THE LEVY.
- 2) I HAVE PAID THE ASSESSMENT IN FULL ON OR BEFORE THE DELINQUENT DATE.
- 3) ALL INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
 Date Signature of Claimant

**City Use Only**

**Checked By**

Levy Date	<u>July 1, 2024</u>	Check cancel dates	_____	_____
Delinquent Date	<u>April 10, 2025</u>	(Attach Copy)	_____	_____
Filing Deadline: 2024-25	<u>October 13, 2025</u>	Date received	_____	_____
Refund Amount	<u>\$24.61</u>	Account Number	<u>105-3105</u>	_____
Approved	_____	Finance Director	_____	Date