



ROSS VALLEY SANITARY DISTRICT

1111 Andersen Dr., San Rafael, CA 94901

Tax Year 2025/26 Sewer Service Charge Assistance Program **Application for Non-Profit, Low-Income Housing Developments**

On November 18, 2020, the RVSD Board of Directors adopted Resolution No. 20-1598, approving an expansion of the Sewer Service Charge Assistance Program to non-profit developments with 85% or more low-income units. The Ross Valley Sanitary District Sewer Service Charge Assistance Program will be applied as a 25% discount to your regular sewer service charge, which is billed on your property tax bill. Please submit the application below with the additional attachments to confirm eligibility for the newly expanded Sewer Service Charge Assistance Program.

This application must be filed on or before June 30, 2025, for the 2025/26 tax year. Failure to file on time will result in rejection of your application unless good cause can be shown for failure to file timely. If approved, the sewer service charge assistance will only apply for one year. **You must file a new application form for each year to remain eligible for the program.**

Please submit this application form in a sealed envelope to the mailing address listed below as well as **proof of 501(c)(3) status, articles of incorporation, and a property use description giving the quantity of low-income units and the total quantity of units within the development.** Please do not mail stapled sheets or partial sheets of paper.

All applicants must complete the following information (Please print clearly or type):

CONTACT INFORMATION *(Required)*

Low-Income Housing Parcel #: _____

(This 8-digit Parcel # can be found on the upper left hand corner of your Property Tax Bill)

Property Owner/Developer Name(s): _____

Property Address: _____

City & Zip: _____

Daytime Telephone: _____

Email: _____

SIGNATURE IS REQUIRED BELOW TO PROCESS APPLICATION

Under penalties of perjury, I/we certify that this property is a non-profit development with 85% or more low- income units. Undersigned further understands that providing false representations herein constitutes an act of fraud.

Property Owner's Signature: _____

Date: _____

Warning: This application is subject to verification and any misrepresentations could result in denial of the exemption.

MAILING ADDRESS (Before mailing, please make a photocopy for your records)

Please mail or email the completed application with attachments to:

**Ross Valley Sanitary District
c/o NBS
32605 Temecula Parkway, Suite 100
Temecula, CA 92592
Email: applications@nbsgov.com**

APPLICATIONS MAILED OR HAND-DELIVERED TO ROSS VALLEY SANITARY DISTRICT WILL NOT BE ACCEPTED

If you have any questions, please call NBS at 1-800-676-7516