

Assessment Deferral Program Application

Please complete the following application, and mail it to the Sacramento Area Flood Control Agency at 1007 7th Street, 7th Floor, Sacramento, CA 95814.

You must complete all of the information, including your social security number.

Assessor's Parcel Number _____

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____

Telephone Number _____

Check only those boxes that apply

I own or am buying property

Our total gross family income in ____ did not exceed \$26, 000

I hereby apply for the Assessment Deferral Program. Under penalty of perjury, I attest that the information I have provided on this application is true.

Signature