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|  | **Local Transportation Infrastructure Charge (LTIC)**  **Exemption Application Form**  **Exemption for Low-Income Owner-Occupants** |  |

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| **The Local Transportation Infrastructure Charge (LTIC) Exemption Form must be submitted and approved by the Portland Housing Bureau (PHB) prior to the issuance of building permit or approval of final partition.** | | | | | | | | | |
| Low-income owner-occupants of a property to which the LTIC applies may request an exemption from payment of the LTIC if the owner meets the following conditions:   * The owner is an individual who lives on the property; and * The owner certifies to the satisfaction of the City that the owner’s household has a gross annual income of less than 80 percent of the area median income, as adjusted for household size | | | | | | | | | |
| **I. Applicant Information** | | | | | | | | | |
| Name (First, Last) | | | | | | | Do you own and live on the property?  Yes No | | |
| Property Address (Street, City, Zip Code)       , | | | | | | | | | |
| Mailing Address (If different) | | | | | | | | | |
| Home Phone:  (   )   - | | Cell Phone:  (   )   - | | | | | | Email:       @ | |
| Number of People living in the Household: | | | | Project Permit Number:   - | | | | | |
| **II. Demographic Information**  This form collects data to help the Portland Housing Bureau measure how well it is doing providing access to underserved populations. To ensure accuracy, and to minimize the use of “other,” please define your identity as specifically as you can. PHB is not providing a “multiracial” category intentionally, and instead recommends that you fill in as many boxes as you wish. | | | | | | | | | |
| What is your race or origin? Mark as many boxes as appropriate:  African Immigrant or refugee  Asian  Black/African American  Latino/Hispanic  Middle Eastern  Native American/Alaskan Native  Native Hawaiian  Pacific Islander  Slavic  White  Not Listed:  Prefer not to answer | | | | | Sex:  Male  Female  Not listed  Prefer not to answer | | | | |
| Disabled:  Yes  No | | | | |
| Date of Birth: | | | | |
| **III. Income Information**  Please provide the income information for all household members who are 18 years or older. Please provide monthly gross amounts. All income will be verified. Please use an additional sheet if necessary. | | | | | | | | | |
| **Type of Income** | **Household Member** | | **Household Member** | | | **Household Member** | | | **Household Member** |
| **Employment** | **$** | | **$** | | | **$** | | | **$** |
| **TANF/Cash Benefit** | **$** | | **$** | | | **$** | | | **$** |
| **Social Security (SSA, SSI, SSDI)** | **$** | | **$** | | | **$** | | | **$** |
| **Retirement/Pension** | **$** | | **$** | | | **$** | | | **$** |
| **Survivor/Death Benefits** | **$** | | **$** | | | **$** | | | **$** |
| **Child Support** | **$** | | **$** | | | **$** | | | **$** |
| **Alimony** | **$** | | **$** | | | **$** | | | **$** |
| **Unemployment** | **$** | | **$** | | | **$** | | | **$** |
| **Other:** | **$** | | **$** | | | **$** | | | **$** |
| **Other:****\_** | **$** | | **$** | | | **$** | | | **$** |

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| **IV. Acknowledgement and Agreement**  The following must be signed by all household members who are 18 years or older |
| I/We certify that the information provided in this verification form is true and correct as of the date set forth opposite my/our signature(s) on this verification form and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this verification form may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et. seq. and liability for monetary damages to the Portland Housing Bureau (PHB), its agents, successors and assigns, and any other person who may suffer any loss due to reliance upon any misrepresentation which I/We have made in this verification form.    I/We understand PHB will retain this verification form and that completing the verification form is not a guarantee of eligibility. PHB, its agents, successors and assigns are authorized at any time to verify or re-verify any information contained in this verification form, either directly or from any source named in this verification form.  This verification form information is confidential and submitted voluntarily to PHB. I/We understand that non-exempt information contained in this verification form is subject to disclosure under the Oregon Public Records Law, ORS 192.420.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Sign Date Sign Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Sign Date Sign Date** |
| The following Documentation must be submitted to PHB along with this verification form prior to issuance of building permit or approval of final partition.  Income Verification (Copies are acceptable)  Current pay-stub(s) covering at least the past 30 days and including year-to date earnings, from all employers  W-2 forms for the past two years from all employers; and  Documentation if all other income sources such as social security benefits, pension, disability, child support, alimony, etc.  If Self Employed:  Past two years’ complete signed Federal tax returns, including all schedules; and  Year-to-date income and expense statement |

**Return form and supporting documentation to:**

**PHB LTIC Exemption Program**

**421 SW 6th Avenue, Suite 500**

**Portland, OR 97204**

**Email: Indirect@portlandoregon.gov**

**Fax: 503-865-3479**