APPLICATION FOR PROPERTY TAX RELIEF FOR MILITARY PERSONNEL
(Pursuant to the Soldiers’ and Sailors’ Relief Act of 1940)

Military personnel on active duty whose ability to pay property taxes is impaired by their assignment may be eligible to defer the payment of their taxes under the provisions of the Soldiers’ and Sailors’ Civil Relief Act. Instead of the penalties, costs, and fees imposed under California State Law, the unpaid taxes are subject only to interest at the rate of six percent (6%) per annum. This Application form may be completed by the military serviceperson, his/her adult dependent, or any other individual authorized by this serviceperson to act on his/her behalf. Please complete the information requested below and file the form with the Amador County Tax Collector, 810 Court Street, Jackson, CA 95642-2132.

Name: __________________________________________
Address: ___________________________ Telephone No.: ( ) __________________
City: ___________________ County: ___________ State: ________ Zip Code: _________
Branch of Military Service: __________________________ Status: __________
Date of Entry into Military Service: __________________________ Serial No.: __________
Stationed at: ____________________________________

Please attach a copy of your orders or a letter from your commanding officer.

Description of Property

Property Address: __________________________ Assessment No.: __________

_____ Personal Residence ______ Business/Profession ______ Agricultural

_____ Other (specify): ______________________

Is the property occupied and owned by Applicant and/or dependents? _____ Yes _____ No

Are your taxes currently being paid from an impound account? _____ Yes _____ No

Please state the reason(s) for your inability to pay the current taxes due:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(Attach additional pages if necessary)

I declare under penalty of perjury that, to the best of my knowledge and belief, the foregoing is true and correct.

Date: _________________ Signed: ____________________________

(Applicant)

(For County use only)

Executed at Jackson, Amador County, California, on _________________

Return Application to: Amador County Tax Collector
810 Court Street
Jackson, CA 95642-2132

Signed: ____________________________

Amador County Tax Collector

SCO 1-08