



LCMSD Use Only

Reviewed By: _____
____ Request Approved
____ Request Denied

To request the form for Parcel Tax Abatement of merged or combined parcels, please contact Linda Tarantino at ltarantino@lcmschools.org or 415-927-6960, ext. 2.

2019-2020 REQUEST FOR PARCEL TAX EXEMPTION CLAIM

FOR OWNER-OCCUPANTS AGE 65 AS OF JUNE 30, 2019 OR OWNER-OCCUPANTS RECEIVING SUPPLEMENTAL SECURITY INCOME FOR A DISABILITY OR RECEIVING SECURITY DISABILITY INSURANCE BENEFITS

Under the provisions of the Measure A Parcel Tax approved by voters on May 3, 2016: Homeowners who attain 65 years of age, individuals receiving Supplemental Security Income for a Disability, or individuals receiving Social Security Disability Insurance Benefits by July 1st of any given year, may request an exemption from the parcel tax for that year. To qualify, you must both own and reside at the property for which the exemption is requested. **Filing date for the exemption to take place for the 2019-2020 fiscal year is June 30, 2019.**

PROPERTY AND HOMEOWNER INFORMATION

Assessor's Parcel Number (APN) (found on property tax bill): _____ - _____ - _____

Name (Last, First) _____ Date of Birth _____

Address _____ City _____ Zip Code _____

Telephone _____ Email _____

PROOF OF ELIGIBILITY

1. Proof of Ownership - Attach a **copy** of your Property Tax Bill indicating your ownership of the property.
2. Proof of Occupancy and Verification of Age - Attach a **copy** of a valid Driver's License or California Identification Card (CA I.D). *If your Driver's License or CA I.D. has an address other than that which you are requesting the exemption, attach a **copy** of a Utility Bill (PG&E or Water) with address intact.*

If you are applying for the exemption due to owner-occupant receiving Supplemental Security Income for a Disability or Security Disability Insurance Benefits:

3. Attach a **copy** of your Benefits Verification Letter. This can be obtained by visiting your local Social Security Administration Office at 1001 Lootens Place, 3rd Floor, San Rafael or calling at 800-772-1213.

SIGNATURE REQUIRED

Under penalty of perjury, I declare that I am the current owner and occupant of the above parcel and that this claim (including accompanying copies of proof of eligibility) is, to the best of my knowledge, correct and complete.

Signature of Applicant

Date

Mail/deliver the signed, completed form with copies of eligibility documents by June 30th of the requested year to:

Larkspur-Corte Madera School District
Attn: Parcel Tax
230 Doherty Drive
Larkspur, CA 94939

If you have any questions, please contact the district office at (415)927-6960, ext. 3204 or by email at ltarantino@lcmschools.org.