



Reviewed By: _____
___Request Approved___Request Denied

To request the form for Parcel Tax Abatement of merged or combined parcels, please contact the District Parcel Tax Department.

REQUEST FOR EXEMPTION FROM QUALIFIED SPECIAL TAX

Under the provisions of the Measure E (Section 4) approved by voters on June 7, 2022:

- Persons who will attain 65 years of age on or prior to June 15 of the current tax year, file an application for exemption, own a beneficial interest in the parcel, and use that parcel as his or her principal place of residence shall receive a full year's credit effective July 1 of the following tax year. Application must be received by July 1st to qualify for the full exemption the first year.
- Persons who will attain 65 years of age after June 15 file an application for exemption after June 15 and on or prior to December 15 of the current tax year, own a beneficial interest in the parcel, and use that parcel as his or her principal place of residence shall receive a half year's credit for the current tax year.
- Persons receiving Supplemental Security Income (SSI) for a disability or individuals receiving Social Security Disability Insurance (SSDI) benefits (yearly income not to exceed 250% of 2012 federal poverty level), regardless of age, and occupying said parcel as principal residence.

PROPERTY AND HOMEOWNER INFORMATION

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

Owner Name (Last, First) _____ Date of Birth _____

Owner 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 (SSI) for a disability or Security Disability Insurance (SSDI) 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.
4. For SSDI only: Page 1 of Federal Tax form showing annual income.

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 to:
 Larkspur-Corte Madera School District Attn: Parcel Tax; 230 Doherty Drive Larkspur, CA 94939
 Or by email to mokeeffe@lcmsschools.org.
 Questions: Parcel Tax Department 415-927-6960 x5 or at mokeeffe@lcmsschools.org

PARCEL# _____
NAME: _____