

Application for Senior Parcel Tax Exemption Starting the 2021-2022 for the Elementary and/or High School District

Pursuant to California Government Code Section 50079(b), any owners of a Parcel used solely for owner-occupied, single-family residential purposes and who are 65 years of age or older on or before May 1 of the fiscal year immediately preceding the year in which the tax would apply, may obtain an exemption from the core academic programs parcel tax by submitting an application therefore, by May 1 of any year, to the District.

On the reverse please find the application for the **San Rafael City School District Senior Parcel Tax Exemption** . Please complete the application and return the signed document to our office along with the following information:

- ◆ **Copy of current Property Tax Bill**
- ◆ **Proof of Your Birth Date and Residence (COPY)**
Driver's License or State Identification Card
- ◆ **Proof of Residence in your home (COPY)**
If your identification does not list your residential address for which you are requesting exemption, please submit a full COPY of a PG&E bill including pay stub dated within the last month that details your name and the physical address of the property.
- ◆ **Pages from Trust Instrument (COPY)**
If ownership of your home is held under a trust instrument (TR), please submit a copy of the following pages:
 - First Page
 - Signature Page
 - Property Description: Page within your deed that references the parcel number, lot numbers for your property, or property address.



Business Services
310 Nova Albion Way, San Rafael, CA 94903

Parcel Number (APN) _____

IS THIS ADDRESS YOUR PRINCIPAL PLACE OF RESIDENCE? _____

NAME/S AS IT APPEARS ON TITLE: (PRINT)

Name as it appears on Property Title

ADDRESS:

Street Address City Zip code

BIRTHDATE:

Self Spouse/Other

EMAIL ADDRESS : _____

DAYTIME PHONE: _____

COMPLETED ON _____ in _____, California
Today's Date City

The exemption shall continue and remain in effect as long as the applicant resides
in the residence above

I declare under penalty of perjury the foregoing is true and correct

Signature: _____
Self Spouse/Other

Please complete and return this form with the applicable paperwork:

Mail:

San Rafael City Schools
Attn: Emily Busch
310 Nova Albion Way
San Rafael, CA. 94903

Please don't hesitate to contact me: 415-492-3205

Approved _____ Denied _____ Reason _____