

FOR OWNER-OCCUPANTS AGE 65 AS OF <u>MAY 1st</u> OR OWNER-OCCUPANTS RECEIVING SUPPLEMENTAL SECURITY INCOME FOR A DISABILITY OR RECEIVING SECURITY DISABILTY INSURANCE BENEFITS

Under the provisions of the Parcel Tax approved by voters: Homeowners who attain 65 years of age, individuals receiving Supplemental Security Income for a Disability, or individuals receiving Social Security Disability Insurance Benefits by May 1st of any year, may request an exemption from the parcel tax for the following tax 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 any year is May 1st.

PROOF OF ELIGIBILITY: (MUST BE INCLUDED WITH APPLICATION)

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

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

4. 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 1-800-772-1213. (*Not required for a senior exemption).

Submit the signed, completed forms with copies of eligibility documents by <u>May 1st</u> via mail or online to:

TAMALPAIS UNION HIGH SCHOOL DISTRICT c/o Parcel Tax Administrator 4745 Mangels Blvd. Fairfield, CA 94534

Website: OAP.SCICG.COM

Please note that we are no longer accepting applications via email.



Denial Date:

PARCEL TAX ASSESSMENT APPLICATION SENIOR / SSI / SSDI EXEMPTION

FILING DEADLINE FOR THE EXEMPTION TO TAKE PLACE FOR THE NEXT FISCAL YEAR IS MAY 1st

Assessor's Parcel Number:	
	Tax Year:
	2024-2025
Applicant Name (Last, First):	Date of Birth:
Property Address (Address, City):	Phone Number:
Mailing Address (Address, City):	Email Address (Optional):
To qualify for SSDI, the applicant yearly income cannot	ot exceed 250% of the 2012 federal
poverty guidelines issued by the United States Departr	
Executed on)in California. I declare under the
penalty of perjury the foregoing is	true and correct.
Applicant signature	
If you have questions about this form, please contact the	e Parcel Tax Administrator by phone
• •	
	at tamuhsdexe@sci-cg.com.

Reason if Denied: