



2021-2022 REQUEST FOR PARCEL TAX EXEMPTION CLAIM

FOR OWNER-OCCUPANTS AGE 65 AS OF JUNE 30, 2020 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 2021-2022 fiscal year is June 30, 2021. Questions: Please call 415-927-6960 or email parceltax@lcmsschools.org**

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 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 30, 2021 to:
Larkspur-Corte Madera School District Attn: Parcel Tax; 230 Doherty Drive Larkspur, CA 94939**

PARCEL#

NAME:

_____-_____-_____

