



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

2930 Gay Avenue, San José, CA 95127 · Phone: 408-928-6800 · Fax: 408-928-6416 · www.arusd.org

Application for Senior Exemption Form for Measure O Parcel Tax 2018-2021 Fiscal Years

Under the provisions of the Measure O Parcel Tax voted on by the residents of the Alum Rock Union Elementary School District on November 4, 2014, seniors those individual home owners who will be at least 65 on July 1, 2018, or for each year, thereafter, where the home owner reaches 65 on July 1st of that year – are exempt from paying the \$197.61 per year parcel assessment. To receive the aforementioned exemption, this form and supporting documentation must be submitted to the Alum Rock Union Elementary School District by June 30th prior to the following July 1st of each fiscal year.

Once you have applied and qualified to be exempt, each year, the District will mail a confirmation letter to each applicant to establish continued eligibility for the exemption. If the confirmation letter is not received by June 30th of that year, the District will assume the applicant is no longer eligible, therefore, removing the Parcel Number from the list.

Applications/Confirmation Letters may be mailed or brought into the District Office – Business Services Department – 2930 Gay Avenue, San Jose, CA 95127. For assistance call (408)928-6846.

All of the following information must be provided to receive the Measure O exemption. To qualify for this exemption you must, both, own and reside on the property for which the exemption is requested.

A. PROPERTY TAX EXEMPTIONS

1. County of Santa Clara Secured Property Tax Bill Number: _____
2. Property Owner's Name: _____
3. Property Address: _____
4. Daytime Phone: _____ 5. Evening Phone: _____

B. INFORMATION REQUIRED FOR EXEMPTION

PROOF OF AGE: Please attach a copy of one of following legal documents indicating that you will be at least 65 on or prior to July 1, 2018 or July 1st, each year, thereafter.

_____ Driver's License _____ Passport _____ California ID Card _____ Hospital Birth Record

_____ Social Security Award Letter _____ Birth Certificate _____ Medi-Cal (not Care) Card

OWNERSHIP OF PARCEL:

_____ Copy of your County of Santa Clara Secured Property Tax Bill

C. SIGNATURE REQUIRED

Under penalty of perjury, I declare that this claim is, to the best of my knowledge, correct and complete.

Signature of Property Owner

Date