



**Request for Exemption from
Measure G Parcel Tax
2019-2028 Fiscal Years**

**For owner-occupants Receiving
Supplemental Security Income (SSI) for a Disability**

EDUCATION THAT INSPIRES
LIFELONG LEARNING

Under the provision of the Measure G Parcel Tax, if voted on by residents of the Piedmont Unified School District on November 5, 2019, those individual home owners that receive Supplemental Security Income for a disability, regardless of age, and who own and occupy the property, are exempt from paying the annual parcel assessment. To receive this exemption for the coming fiscal year, this form must be completed and received by the Piedmont Unified School District no later than June 30, of this fiscal year. (Fiscal years are July 1 through June 30 of the following year.) Applications can be mailed or delivered to the District Office Business Department at 760 Magnolia Avenue, Piedmont, CA 94611. **Approved applications will remain effective through June 2028.** For assistance call (510) 594-2614

Assessor's Parcel Number: _____
(Located on your property tax bill)

Property Owner's Name: _____

Street Address: _____

City: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Under penalty of perjury, I hereby declare that I own and live at the property shown above and the information on this application for Measure G Parcel Tax Exemption if approved and the accompanying documentation verifying residence and Supplemental Security Income for a disability are true and correct to the best of my knowledge.

Signature of Applicant Date

Please provide a copy of one of each kind of documentation listed below.

<u>Ownership of Property</u>	<u>Residence Verification</u>	<u>SSI Verification Letter</u>
<input type="checkbox"/> Tax Bill	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Benefits Verification Letter*
	<input type="checkbox"/> California ID	
	<input type="checkbox"/> Utility Bill	

This form together with all supporting verification documentation must be received by 4:30 PM on Thursday, June 30, of this fiscal year. (Fiscal years are July 1 through June 30 of the following year.)

* A Benefits Verification Letter may be obtained by calling the Social Security Administration Office at (800) 772-1213 or by visiting a local Social Security Administration Office.

Request Approved _____ Request Denied _____ Initials _____