

OAKLAND UNIFIED SCHOOL DISTRICT  
MEASURES G, G1, AND H - PARCEL TAX EXEMPTION APPLICATION | 2025-2026 TAX YEAR

**Completed applications must be returned by July 9, 2025.  
Late application forms cannot be processed for exemption and will be returned.**

**PART 1: PROPERTY AND HOMEOWNER INFORMATION** (Please print legibly)

Last Name	First Name	Middle Initial	Date of Birth
Residence Street Address			Assessor's Parcel Number
Email Address		Daytime Phone Number	

**PART 2: RESIDENCY VERIFICATION**

Applicant owns AND lives at the property listed above as my primary residence.  Yes  No

If yes, attach a copy of 2024-2025 Property Tax Statement (not internet copy). **Please note that some of these exemptions only apply to your primary residences which the applicant owns and in which the applicant lives.**

**PART 3A: VERY LOW INCOME EXEMPTION (ONLY MEASURE G & MEASURE G1)**

**\*PLEASE NOTE: THE VERY LOW INCOME EXEMPTION APPLICATION MUST BE RESUBMITTED EACH YEAR\***

Complete this section only if you qualify for the Very Low Income Exemption. (The qualifying income level is the "very low income" under Section 8 of the U.S. Housing Act. See the third page for income ranges). If you do not qualify for the very Low Income Exemption, please leave blank.

1. Applicant's Personal Income for 1/1/2024 to 12/31/2024: \$ \_\_\_\_\_  
(Includes wages, salaries, tips, entitlements, social security, pension(s), annuity, etc.)
2. Personal Income of Other Family/Household Members for 1/1/2024 to 12/31/2024: \$ \_\_\_\_\_  
(Includes wages, salaries, tips, entitlements, social security, pension(s), annuity, etc. of family/household members who reside with you)
3. TOTAL COMBINED FAMILY INCOME – 1/1/2024 to 12/31/2024: \$ \_\_\_\_\_
4. Total number of family members who reside at this address: \_\_\_\_\_  
Attach legible copies of your 2024 Federal Tax Returns, W-2 forms or other income verification documents to this application for all person(s) which substantiate the above stated amounts of personal income for each family member.

Questions? Visit [www.ousd.org/parceltax](http://www.ousd.org/parceltax) | Call 510.879.8611 | [ousdparceltax@ousd.org](mailto:ousdparceltax@ousd.org)

Parcel No. \_\_\_\_\_

**PART 3B: SUPPL. SECURITY INCOME/SOC. SECURITY DISABILITY INSURANCE EXEMPTION (ONLY MEASURE H)**

**\*PLEASE NOTE: THE SSI/SSDI EXEMPTIONS APPLICATION MUST BE RESUBMITTED EACH YEAR\***

Complete this section only if you qualify for the Supplemental Security Income (SSI) OR Social Security Disability Insurance (SSDI) Exemptions. (The qualifying income level for the SSDI exemption is 250 percent of the most recently available tax year’s federal poverty guidelines issued by the United States Department of Health and Human Services. See the third page for income ranges.) If you do not qualify for either, please leave blank.

Supplemental Security Income (SSI)

Applicant received SSI between July 1, 2024 and June 30, 2025:  Yes  No

If you checked “Yes,” you **must** attach proof of receipt of SSI.

Social Security Disability Insurance (SSDI)

Applicant received SSDI between July 1, 2024 and June 30, 2025:  Yes  No

If you checked “Yes,” you **must attach** proof of receipt of SSDI. In addition, you must complete this section:

1. Applicant’s Personal Income for 1/1/2024 to 12/31/2024: \$ \_\_\_\_\_  
(Includes wages, salaries, tips, entitlements, social security, pension(s), annuity, etc.)
2. Personal Income of Other Family/Household Members for 1/1/2024 to 12/31/2024: \$ \_\_\_\_\_  
(Includes wages, salaries, tips, entitlements, social security, pension(s), annuity, etc. of family/household members who reside with you)
3. TOTAL COMBINED FAMILY INCOME – 1/1/2024 to 12/31/2024: \$ \_\_\_\_\_
4. Total number of family members who reside at this address: \_\_\_\_\_
5. Attach legible copies of your 2024 Federal Tax Returns, W-2 forms or other income verification documents to this application for all person(s) which substantiate the above stated amounts of personal income for each family member.

**PART 4: SENIOR CITIZEN EXEMPTION (ONLY MEASURE G1 & MEASURE H)**

Complete this section only if you will be at least 65 years of age on or prior to July 1, 2025.

Applicant is at least 65 years of age on or prior to July 1, 2025:  Yes  No

If you checked “Yes,” you **must** attach a **copy** of your Driver’s License, California Identification Card, or Passport.

**PART 5 VERIFICATION**

I declare under penalty of perjury that the above information and the attached documents are true and correct.

\_\_\_\_\_  
**Signature of Property Owner**

\_\_\_\_\_  
**Date**

Return completed application and verification of income or age **by July 9, 2025** to:

**Oakland Unified School District  
Parcel Tax Exemptions  
1011 Union St.  
Oakland, CA 94607**

Parcel No. \_\_\_\_\_

**OAKLAND UNIFIED SCHOOL DISTRICT  
PARCEL TAX EXEMPTIONS FOR MEASURES G, G1, AND H | 2025-26 TAX YEAR**

**VERY LOW INCOME LIMITS (MEASURES G & G1)**

January 1, 2024 – December 31, 2024

# of Persons in Household	Income Less Than
1	\$55,950
2	\$63,950
3	\$71,950
4	\$79,900
5	\$86,300
6	\$92,700
7	\$99,100
8	\$105,500

**SSDI INCOME LIMITS (MEASURE H)**

January 1, 2024 – December 31, 2024

# of Persons in Household	Income Less Than
1	\$37,650
2	\$51,100
3	\$64,550
4	\$78,000
5	\$91,450
6	\$104,900
7	\$118,350
8	\$131,800