

Livermore Valley Joint Unified School District
Measure A Parcel Tax Special Assessment

SUPPLEMENTAL SECURITY INCOME EXEMPTION CLAIM

Must be received by May 1, 2026 To take effect for tax year 2026-2027

To be completed by the owner/occupant receiving Supplemental Security Income for a disability.

I hereby certify that:

I certify that I have been determined to be totally disabled by the Social Security Administration and receive **Supplemental Security Income** as a result.

The property listed below is my permanent residence

I have claimed the "homeowner's exemption" for the property listed below

Owner Name:

_____ Last Name	_____ First Name	_____ Initial	_____ Phone
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Property Address:

Mailing Address (if different):

Street

Street

City

Zip Code

City

Zip Code

Assessor's Parcel Number: _____

(You can find this number on your property tax bill)

1. SSI Verification - Attach copy of the following **(Do Not Send Original Documents)**:

Benefits Verification Letter

(may be obtained by calling the Social Security Administration at 800-772-1213 or by visiting a local Social Security Administration Office)

2. Proof of Residence - Attach copy of one of the following **(Do Not Send Original Documents)**:

☐ Property tax bill

☐ Homeowner's exemption claim

Under penalty of perjury, I declare that this claim (including accompanying copies of proof documents) is, to the best of my knowledge, correct and complete.

Signature: _____

Date: _____

Return to:

Livermore Valley Joint Unified School District
Attn: Business Services
685 East Jack London Blvd
Livermore, CA 94551

Exemption Claim form may be mailed or hand delivered to the above address. It may also be e-mailed with copies attached (in PDF format) of Benefits Verification Letter and proof of residence to LKneizeh@lvjUSD.org. In all cases, the form must be received by May 1, 2026. For questions, please call Lynn Kneizeh at (925) 606-3382.