



SUNNYVALE SCHOOL DISTRICT
PARCEL TAX EXEMPTION APPLICATION FORM

Request for EXEMPTION from the Parcel Tax for Owner-Occupants
Receiving Supplemental Security Income for a Disability

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

Last Name: _____ First Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone #: () _____

- I certify that I have been determined to be totally disabled by the Social Security Administration and receive Supplemental Security income as a result.
I certify that I live at the above address and the above information is accurate.

Signature of Applicant or Designee _____ Date _____

- Please attach a copy of Benefits Verification Letter, proof of residence and a copy of your property tax bill
Deliver or mail this form and above documentation by June 30, 2026 to:

Parcel Tax Exemption
Sunnyvale School District
819 West Iowa Avenue
Sunnyvale, CA 94086

If you need help or have any questions about the exemption, please call Cindy Rock at (408) 522-8200 ext. 1057 cindy.rock@sesd.org

(Office Use Only)

SSI/SSDI VERIFICATION

Benefits Verification Letter

Residence Verification

(one from below)

- PG &E Bill
Utility Bill
Driver's License
Social Security Check

Ownership

Property Tax bill

Verified By: _____ Date: _____

Sunnyvale School District

*A Benefits Verification Letter maybe obtained by calling the Social Security Admin. Office at 1-800-772-1213 or by visiting a local Social Security Administration Office.