



**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, 2027** 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: _____

Sunnyvale School District

Date: _____

*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.