

**SAN MARINO UNIFIED SCHOOL DISTRICT  
PARCEL TAX SUPPLEMENTAL SECURITY INCOME (SSI) EXEMPTION FORM**

**Exemption Application Process:** Persons seeking SSI exemptions from payment of the parcel tax shall be granted an exemption upon satisfaction of the following requirements:

- (1) Timely completion (including the affidavit) and submission of this exemption application form with supporting documentation by the application deadline;
- (2) Furnishing written proof with the application that the applicant is receiving Supplemental Security Income for a Disability ("SSI") from the Social Security Administration and providing certification (below) to that effect;
- (3) Furnishing written proof with the application that the property for which the exemption is being sought is the applicant's principal residence; and
- (4) Furnishing written proof with the application that the parcels for which the exemption is being sought are located within District boundaries.

The property in question must be the primary residence of the applicant--rental and second properties are not eligible for SSI tax exemption.

**Exemption Application Deadline:** This form, together with supporting documentation, must be delivered to the District Office no later than the close of business on June 30<sup>th</sup>, or the last business day immediately preceding that date, of the year for which the exemption is sought to commence. Once your application is approved, you will receive the exemption for the entire term of the parcel tax so long as you remain eligible. However, if you are granted an exemption, from time-to-time, the District may ask you to verify your eligibility.

**SSI PARCEL EXEMPTION APPLICANT INFORMATION**

Last Name(s): \_\_\_\_\_ First Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Name(s) as they appear on Property Title Document: \_\_\_\_\_

Primary Residential Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Assessor's Parcel Number/APN: \_\_\_\_\_

**Affidavit of Residency and Receipt of SSI:** I [Name] \_\_\_\_\_ hereby certify that I personally own and occupy the real properties listed above, that I use the real properties as my primary place of residence, and that I do not rent, lease, or sub-lease the properties. I hereby further certify that I receive Supplemental Security Income ("SSI") for a disability from the Social Security Administration. I declare under penalty of perjury that the information I have provided in this Application is true and correct.

Executed on [Date] \_\_\_\_\_, in San Marino, California [Signature]: \_\_\_\_\_

**Documentary Proof of Entitlement to Exemption:** Property owners seeking SSI exemptions to parcel taxes must attach documentary proof of satisfaction of the exemption requirements to this form at the time the form is submitted. Documentary proof of satisfaction of exemption requirements may be provided by means of the following documents: (1) Benefits Verification Letter issued by the Social Security Administration ("SSA") receiving SSI for a disability (this letter may be obtained by going online at <https://www.ssa.gov>, by calling the SSA Office at 1-800-772-1213, or by visiting a local SSA Office; (2) Current, valid California driver's license or other legal I.D.; (3) Deeds or other title documents establishing legal ownership; (4) Current utility bills, insurance policies, tax bills, tax records, assessor's parcel maps, or other similar documents indicating and establishing current residence; and (5) provision of information on District exemption application form and execution of affidavit portion of form. Other additional forms of customary documentary proof offered by the applicant may be used, as may be permitted and determined by the District at the time of the application for the exemption. Persons having questions as to what forms of documentary proof are acceptable may contact the District Office for a determination as to whether a proposed form of proof is sufficient for exemption purposes.

**RETURN TO: San Marino Unified School District, 1665 West Drive, San Marino, CA 91108.**

**OFFICE USE ONLY**

DL# \_\_\_\_\_ Primary Residential Address: \_\_\_\_\_

Primary residential address must match Driver's License and Current Tax Bill.

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_