

San Ramon Valley Unified School District
Parcel Tax Special Assessment
SUPPLEMENTAL SECURITY INCOME EXEMPTION CLAIM

Must be filed by May 31st to be effective beginning July 1st of the current year
(e.g., to take effect for tax year 2016-17, this form must be filed no later than *May 31, 2016*)

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

I hereby 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.
- The owner of the property has claimed the “homeowner’s exemption” for the property listed below.

Owner Name:

Last Name	First Name	Initial	Phone Number
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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 Social Security Check Driver’s License _____

**Please note: If you move from current property, a new filing must take place. Please call for a new form.*

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: San Ramon Valley Unified School District Attn: Sandra Corsetti
699 Old Orchard Drive, Danville, CA 94526
Info Line: 925-552-2968