INFORMATION SHEET

Request for Parcel Tax (Measure LL) Exemption
Social Security Disability Insurance (SSDI) Exemption – Homeowner Application

SOCIAL SECURITY DISABILITY INSURANCE (SSDI) EXEMPTION: Any parcel owned and occupied by a person receiving Social Security Disability Insurance benefits, regardless of age, and whose yearly income does not exceed 250 percent of the Federal Poverty Guidelines issued by the United States Department of Health and Human Services, shall be exempt from the education Parcel Tax LL upon proper application to the District.

On November 4, 2014, voters in the Albany Unified School District boundaries approved:

• Measure LL Parcel Tax – Preserve Funding for Albany Schools Act  $318/Parcel

A “Request for Parcel Tax Exemption” form (please see following pages) for the 2020-21 fiscal year may be filed with Albany Unified School District by the owner and occupant of his/her “primary residence only.” If your exemption application is approved, the District will notify the Alameda County Assessor’s Office to delete the Measure LL Parcel Tax from your 2020-21 tax statement. If your exemption application is denied, you will receive notification by August 15, 2020 and the Measure LL Parcel Tax assessment will remain on your tax statement.

The applicant must notify the District if the applicant is no longer eligible for SSDI benefits. The District will review the updated property records and will verify that no changes in ownership or residency have occurred at the property. The District may periodically request verification from the applicant that the applicant remains eligible for this exemption.

The application needs to be submitted by May 31, 2020 with a copy of the following:

1. Identification (Driver’s License, Passport or Birth Certificate)
2. Proof of Ownership (2019-20 Property Tax Bill)
3. Proof of Primary Residence (2019 or 2020 Utility Bill in applicant’s name)
4. 2018 SSDI Income Verification
5. 2018 Verification of Household Income

### Federal Poverty Guidelines

<table>
<thead>
<tr>
<th>Persons in family/household</th>
<th>Poverty Guidelines</th>
<th>Exemption Threshold (250%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,490.00</td>
<td>$ 31,225.00</td>
</tr>
<tr>
<td>2</td>
<td>$16,910.00</td>
<td>$ 42,275.00</td>
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<tr>
<td>3</td>
<td>$21,330.00</td>
<td>$ 53,325.00</td>
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<tr>
<td>4</td>
<td>$25,750.00</td>
<td>$ 64,375.00</td>
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<tr>
<td>5</td>
<td>$30,170.00</td>
<td>$ 75,425.00</td>
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<tr>
<td>6</td>
<td>$34,590.00</td>
<td>$ 86,475.00</td>
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<tr>
<td>7</td>
<td>$39,010.00</td>
<td>$ 97,525.00</td>
</tr>
<tr>
<td>8</td>
<td>$43,430.00</td>
<td>$108,575.00</td>
</tr>
</tbody>
</table>

+8 = +$4,420 for each additional

If you need assistance completing the form, please call Janet Fohner 510-558-3760 or e-mail jfohner@ausdk12.org.
Request for Parcel Tax (Measure LL) SSDI Exemption
Owner and Occupant

Assessor’s ID/Parcel Number ______________________ as it appears on the Property Tax Bill.

Name of Owner/Occupant:

___________________________________________________________

Last Name                               First Name

___________________________________________________________

Address of Property Location on Property Tax Bill

___________________________________________________________

City, Zip Code                             Telephone Number

INCOME INFORMATION

1. Applicant’s Personal Income for January 1, 2019 to December 31, 2019:
   $__________________________ (includes wages, salaries, tips, entitlements, social security, pension(s), annuity, etc.). Must include proof of SSDI income.

2. Personal Income of Other Family/Household Members for January 1, 2019 to December 31, 2019: $__________________________ (includes wages, salaries, tips, entitlements, social security, pension(s), annuity, etc. of other family/household members who reside with you).

3. TOTAL COMBINED FAMILY/HOUSEHOLD INCOME January 1, 2019 to December 31, 2019: $__________________________

   Total number of family members who reside in residence: _________

The applicant must notify the District if the applicant is no longer eligible for SSDI benefits. The District will review the updated property records and will verify that no changes in ownership or residency have occurred at the property. The District may periodically request verification from the applicant that the applicant remains eligible for this exemption.

I declare that the above information and the attached documents are true and correct:

___________________________________________________________

Signature of Applicant                             Date
The following items MUST be submitted with the application form:

Ownership Verification
___ 2019-20 Property Tax Bill

Identification Verification
(Check Only One)
___ CA Driver’s License
___ Passport
___ Birth Certificate

Primary Residence Verification
___ 2019 or 2020 Utility Bill in applicant’s name

Household Income Verification
(Check Only One)
___ 2019 W-2 and/or 1099
___ 2019 Signed Federal Tax Return
___ 2019 SSDI Income Verification
___ 2019 Additional Household Income Verification

This application must be submitted by May 31, 2020, along with verification of ownership, date of birth, primary residence and household income verification. Electronic forms are available on the AUSD website at www.ausdk12.org

Please submit to:
Albany Unified School District
Attn: Measure LL Exemption Application
1200 Solano Avenue
Albany, CA 94706