

1200 Solano Avenue
 Albany, CA 94706
 510.558-3760 (p)
 510.559-6560 (f)
 www.ausdk12.org

Fiscal Year 2019-20

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 \$306/Parcel**

A “Request for Parcel Tax Exemption” form (*please see following pages*) for the 2019-20 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 2019-20 tax statement. If your exemption application is denied, you will receive notification by August 1, 2019 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.

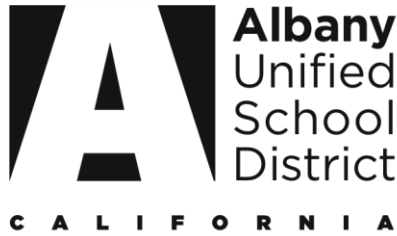
The application needs to be submitted by May 31, 2019 with a copy of the following:

1. Identification (Driver’s License, Passport or Birth Certificate)
2. Proof of Ownership (2018-19 Property Tax Bill)
3. Proof of Primary Residence (2018 or 2019 Utility Bill in applicant’s name)
4. 2018 SSDI Income Verification
5. 2018 Verification of Household Income

Federal Poverty Guidelines

Persons in family/household	Poverty Guidelines	Exemption Threshold (250%)
1	\$12,140.00	\$ 30,350.00
2	\$16,460.00	\$ 41,150.00
3	\$20,780.00	\$ 51,950.00
4	\$25,100.00	\$ 62,750.00
5	\$29,420.00	\$ 73,550.00
6	\$33,740.00	\$ 84,350.00
7	\$38,060.00	\$ 95,150.00
8	\$42,380.00	\$105,950.00
	+8 = +\$4,320 for each additional	

If you need assistance completing the form, please call Janet Fohner 510-558-3760 or e-mail jfohner@ausdk12.org.



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**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, 2018 to December 31, 2018:
\$ _____ (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, 2018 to December 31, 2018: \$ _____ (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, 2018 to December 31, 2018: \$ _____

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

2018-19 Property Tax Bill

Identification Verification

(Check Only One)

CA Driver's License

Passport

Birth Certificate

Primary Residence Verification

2018 or 2019 Utility Bill
in applicant's name

Household Income Verification

(Check Only One)

2018 W-2 and/or 1099

2018 Signed Federal Tax Return

2018 SSDI Income Verification

2018 Additional Household Income Verification

This application must be submitted by May 31, 2019, 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