

WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT

Supplemental Security Income for a Disability Parcel
Tax Exemption Request Form
2013-2021

Request for Supplemental Security Income for Disability Parcel Tax Reduction will become effective the date received in WSCUHSD office. No refunds will be granted for charges paid prior to receipt of request to remove charge(s). Exemption requests must be received by December 1, 2017 to qualify for an exemption for the 2017-18 tax year. Exemption requests received after December 1, 2017 will be processed for the upcoming 2018-19 tax year.

Last Name (As it appears on your Parcel Tax Bill) First Name Middle Initial

MAILING ADDRESS:

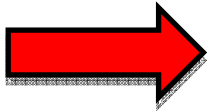
Street Number and Name City Zip Code

Telephone Number

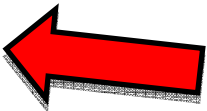
Assessment Number of Residence Parcel (Located on your Property Tax Bill)

Exemption Requested for Assessment Number

Exemption Requested for Assessment Number (Additional Parcels may be listed here or on reverse if needed)



Request for exemption must include:
❖ A copy of the Property Tax Bill for each parcel listed above
❖ A letter from the Social Security Office verifying disability



- I certify that I am disabled and receiving Supplemental Security Income
- I certify that I own the property listed above and it is my primary residence

By signing below I declare under penalty or perjury this claim and all accompanying documents are, to the best of my knowledge, correct and complete.

Taxpayer's Signature Today's Date

Return completed form with required information to:
WSCUHSD
Jeanine Thibeau
462 Johnson Street
Sebastopol, CA 95472
(707) 824-6417

FOR OFFICE USE ONLY:

Exemption Received: _____ Exemption Approved: _____ Assessor's Office Notified: _____ Master List: _____
Date Date Date Date