

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT EDUCATION PARCEL TAX  
SUPPLEMENTAL SECURITY INCOME OR SOCIAL SECURITY DISABILITY INSURANCE  
EXEMPTION APPLICATION**

**APPLICATION DUE ON OR BEFORE JULY 6, 2018, FOR TAX YEAR 2018/19**

Mail, fax, or email the signed, completed application, with attachments to:

*Manhattan Beach Unified School District  
Attention: Business Services/Parcel Tax\*  
325 S. Peck Avenue  
Manhattan Beach, CA 90266  
Fax: (310) 303-3823  
Email: [parceltax@mbusd.org](mailto:parceltax@mbusd.org)*

*\*For hand-deliveries to the school district office, please dial extension 5944 from the lobby phone*

Property Owner's Name: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please select the exemption for which you are applying by checking one of the following boxes:

- I wish to claim the **Supplemental Security Income Exemption** from the Manhattan Beach USD Education Parcel Tax
- I wish to claim the **Social Security Disability Insurance Exemption** from the Manhattan Beach USD Education Parcel Tax

**For the Supplemental Security Income Exemption ONLY:** Please attach a copy of documentation showing you receive Supplemental Security Income for a disability.

**For the Social Security Disability Insurance Exemption ONLY:** Please attach a copy of documentation showing you receive Social Security Disability Insurance benefits. Yearly income must not exceed 250 percent of the 2012 federal poverty guidelines issued by the United States Department of Health and Human Services.

**For BOTH Exemptions:** Please attach a copy of one of the following documents indicating that the property you own is also your primary place of residence:

\_\_ Utility Bill                      \_\_ Property Tax Bill                      \_\_ Other Proof of Residency

**I declare under penalty of perjury that the property for which I am claiming the exemption from the Education Parcel Tax is my principal place of residence and that this application is, to the best of my knowledge, correct and complete.**

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

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SUPPLEMENTAL SECURITY INCOME OR SOCIAL SECURITY DISABILITY INSURANCE  
EXEMPTION APPLICATION INSTRUCTIONS**

1. This exemption will apply to any owner of a parcel used solely for owner-occupied, single-family residential purposes who is either:
  - (a) receiving Supplemental Security Income for a disability, regardless of age; or
  - (b) receiving Social Security Disability Insurance benefits, regardless of age, whose yearly income does not exceed 250 percent of the 2012 federal poverty guidelines issued by the United States Department of Health and Human Services.
2. You must re-apply each year in order to continue to receive the Supplemental Security Income Exemption or the Social Security Disability Insurance Exemption.
3. The Education Parcel Tax applies to parcels with land value. If your parcel is taxed for improvement value only (as in some mobile home parks), the Education Parcel Tax will not be assessed on your parcel, and you do not need to fill out this application.
4. To find your Parcel Number, look for the 10 digit number (XXXX-XXX-XXX) on your property tax bill, or call the County Assessor at (213) 974-3211.
5. Mail, fax, or email the signed, completed application, with attachments to:

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6. **Return by July 6, 2018, for Tax Year 2018/19.** Applications received after this date will not be processed for such tax year. For subsequent tax years, applications will be due by May 15.
7. Confirmation letters will be mailed to all applicants who qualify for an exemption.
8. If you have questions, please contact NBS via email at [customercare@nbsgov.com](mailto:customercare@nbsgov.com), or by phone at (800) 676-7516.