

LOS GATOS UNION SCHOOL DISTRICT

SUPPLEMENTAL SECURITY INCOME EXEMPTION APPLICATION FORM
REQUEST FOR EXEMPTION FROM THE PARCEL TAX
OWNER/OCCUPANTS RECEIVING SUPPLEMENTAL SECURITY INCOME FOR A DISABILITY

FISCAL YEAR 2018-19 (JULY 1, 2018 TO JUNE 30, 2019)

ASSESSOR'S PARCEL NUMBER (APN #) _____

PROPERTY OWNER NAME(S) _____

ADDRESS _____

TELEPHONE
NUMBER Day _____ Evening _____

I certify that I have been determined to be totally disabled by the Social Security Administration and receive Supplemental Security Income as a result.

I certify that I live at the above address and the above information is accurate.

Signature of Applicant or Designee Date

Send this application, along with necessary documentation to:
Los Gatos Union School District
17010 Roberts Road
Los Gatos, CA 95032

By Email to: vrenz@lgusd.org

OFFICE USE ONLY Approved Disapproved

RESIDENCE VERIFICATION

SSI VERIFICATION

Driver's License

*Benefits Verification Letter

Utility Bill

Social Security Check

Tax Bill

VERIFIED BY: _____

DATE: _____

*A 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.