

**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 2017-18 (JULY 1, 2017 TO JUNE 30, 2018)

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](mailto: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.