

526 B Street ♦ Davis, CA 95616 ♦ (530) 757-5300 ♦ FAX: (530) 757-5323 ♦ www.djUSD.net

MEASURE H
SOCIAL SECURITY DISABILITY INSURANCE (SSDI) RECIPIENT EXEMPTION APPLICATION

In accordance with the provisions of Resolution No. 59-16, adopting and imposing this Special Tax, new Measure H senior citizen tax exemption applications must be filed between May 15 and June 15, 2019. Failure to file by June 15, 2019 could invalidate the Tax exemption for the 2019-2020 tax year.

This exemption is for persons receiving Supplemental Security Disability Income (SSDI) regardless of age, who own and reside at the property for which the exemption is claimed, and whose annual income does not exceed 250% of the 2012 Federal Poverty Guidelines issued by the United States Department of Health and Human Services.

2012 Poverty Guidelines for the 48 Contiguous States and District of Columbia

| Persons in Family/Household | Poverty Guideline | 250% of 2012 Guideline |
|-----------------------------|-------------------|------------------------|
| 1 | \$11,170 | \$27,925 |
| 2 | \$15,130 | \$37,825 |
| 3 | \$19,090 | \$47,725 |
| 4 | \$23,050 | \$57,625 |
| 5 | \$27,010 | \$67,525 |
| 6 | \$30,970 | \$77,425 |
| 7 | \$34,930 | \$87,325 |
| 8 | \$38,890 | \$97,225 |

The property owner or the property authorized legal representative is required to provide the following information:

Name of eligible property owner(s) and date(s) of birth (please type or print):

Name : _____ Date of Birth: _____
(MO/DAY/YR)

Name : _____ Date of Birth: _____
(MO/DAY/YR)

Assessment Number: _____

Property Address: _____

Contact Information: _____

please provide phone number or email address

To qualify for the SSDI exemption, you must:

- Own and occupy the property as your principal residence
- Submit a copy of your SSDI Benefit Letter and a copy of your current Form 1040a
- Attach the required verifications to this application

Principal Residence Verification

Ownership Verification

SSDI Benefit Verification

Choose 2 items and

Choose 1 item and

Both items required

Submit 1 copy of each

Submit 1 copy

Submit 1 copy of each item

| | | |
|---|---|--|
| <input type="checkbox"/> City of Davis Utility Bill | <input type="checkbox"/> 2018-2019 Tax Bill | <input type="checkbox"/> Copy of SSDI Benefit Letter |
| <input type="checkbox"/> Homeowners Insurance | <input type="checkbox"/> Recorded Deed | <input type="checkbox"/> Copy of Current 1040 |
| <input type="checkbox"/> Social Security Check Stub | <input type="checkbox"/> Title Report or Title Policy | |
| <input type="checkbox"/> Current Vehicle Registration | issued in the last year | |

CERTIFICATION

Each property owner certifies that he/she understands that: (a) the application is for an exemption from the Tax; and (b) 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 of 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.

Each property owner certifies that the dwelling unit is the principal residence of the property owner.

I/we certify, under penalty of perjury, that this claim (including accompanying copies of proof documents) is, to the best of my knowledge, correct and complete. Each person designated as a property owner must sign.

Executed at _____, California, on _____, 2019.

By: (signature) _____ as property owner.

Print Name: _____

By: (signature) _____ as property owner.

Print Name: _____

If signing in a representative capacity on behalf of the property owner or spouse, a copy of the document authorizing you to sign in representative capacity must be submitted with this application.

The District will not be responsible for returning the original or copies of documents submitted with this application. Copies must be legible. Failure to provide a complete application and all of the required verifications by June 15, 2019, will constitute cause for denying the tax exemption. You will be notified if your application is incomplete or denied.

If you have any questions about this form, please contact:
Davis Joint Unified School District · 526 B Street · Davis, CA 95616 · (530) 757-5300, ext. 122

Return the completed form with verifications to:

Davis Joint Unified School District
526 B Street
Davis, CA 95616
Attention: Business Services