

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

MEASURE H
SUPPLEMENTAL SECURITY INCOME (SSI) 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.

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 SSI exemption, you must:

- Own and occupy your property as your principal residence
- Submit a copy of your SSI Benefit Letter.
- Attach the required verifications to this application.

Principal Residence Verification

Choose 2 items and
Submit 1 copy of each

Ownership Verification

Choose 1 item and
Submit 1 copy

SSI Benefit Verification

This item required
Submit 1 copy

<input type="checkbox"/> City of Davis Utility Bill <input type="checkbox"/> Homeowners Insurance <input type="checkbox"/> Social Security Check Stub <input type="checkbox"/> Current Vehicle Registration	<input type="checkbox"/> 2018-2019 Tax Bill <input type="checkbox"/> Recorded Deed <input type="checkbox"/> Title Report or Title Policy issued in the last year	<input type="checkbox"/> SSI Benefit Letter Copy
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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 SSI Benefits. The District will review the updated property records and will verify that no changes of ownership name 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.

The property owner and/or eligible spouse certifies that he/she is disabled or blind, with limited income and resources.

The property owner certifies that he/she is a resident of the United States.

The property owner certifies that he/she is a U.S. citizen or national, or in one of certain categories of eligible non-citizens.

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 herewith.

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 verifications to:

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