

Pittsburg Unified School District

SUPPLEMENTAL SECURITY INCOME EXEMPTION CLAIM

Must be filed by May 31, 2024 to be effective for the 2024-2025 tax year

To be completed by the person who owns and resides at the property for which the tax exemption is claimed.

I hereby certify that:

- I have been determined to be disabled by the Social Security Administration and receive **Supplemental Security Income** as a result.
- The property listed below is my permanent residence.
- I have claimed the "homeowner's exemption" for the property listed below.

OWNER NAME:

Last Name	First Name	Initial
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PROPERTY ADDRESS:	MAILING ADDRESS (if different):
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Phone: _____ City: _____ Zip: _____

Birth Date: _____

ASSESSOR PARCEL NUMBER: _____

(You can find this number on your property tax bill)

1. SSI VERIFICATION - Attach a copy of one of the following (Do Not Send Original Documents):

- 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)

2. PROOF OF RESIDENCE - Attach copy of one of the following (Do Not Send Original Documents):

- Property Tax Bill Social Security Check Driver's License

Please note: If you move from your current property, a new filing must take place. Please call for a new form.

Under penalty of perjury, I declare that this claim (including accompanying copies of proof documents) is, to the best of my knowledge, correct and complete.

Signature _____ Date _____

Return to:

Stephanie Cox, Business Services
Pittsburg Unified School District
2000 Railroad Avenue, Suite A, Pittsburg, CA
94565 (925) 473-2334