

**Pittsburg Unified School District**

**SUPPLEMENTAL SECURITY INCOME EXEMPTION CLAIM**

*Must be filed by May 31, 2023 to be effective for the 2023-2024 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:**

<b>Last Name</b>	<b>First Name</b>	<b>Initial</b>
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<b>PROPERTY ADDRESS:</b>	<b>MAILING ADDRESS (if different):</b>
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Phone: _____	City: _____ Zip: _____
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Birth Date: \_\_\_\_\_

**ASSESSOR PARCEL NUMBER:** \_\_\_\_\_

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

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