

**LAKESIDE JOINT SCHOOL DISTRICT
MEASURE A
EXEMPTION APPLICATION FORM
Request for Exemption from the Parcel Tax
For Supplemental Security Income for a Disability**

Assessor's Parcel Number (APN) _____
(can be found on your property tax bill)

Property Owner's Name _____

Street Address _____

City _____ ST _____ Zip _____

Phone _____ Birth Date: _____

I certify that I am the current owner and occupant of the above parcel and that this claim (including any accompanying documentation) is, to the best of my knowledge, correct and complete.

Signature of Applicant or Designee

Date

- Please attach a copy of property tax bill
- Please attach a copy of proof of residence and a Benefits Verification Letter as listed below.
- Deliver or mail this form & accompanying documentation by June 15 to:

Shameram Karim, Parcel Tax Exemption Officer
Lakeside Joint School District
19621 Black Road
Los Gatos, Ca 95033

Office use only

Approved

Disapproved

Verification of Ownership

Tax Bill

Verification of Residency

one from list

- Drivers License
- Utility Bill
- Social Security Check

Verification of SSI

Benefits Verification Letter*

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.