1376 Piedmont Road San Jose, CA 95132-2427



Phone: (408) 923-1800 Fax: (408) 923-0623

Pathway to the Future

## Application for Senior Exemption Form for Measure K Parcel Tax 2014-2022 Fiscal Years

Under the provisions of the Measure K Parcel Tax voted on by the residents of the Berryessa Union School District on November 6, 2012, seniors those individual home owners who will be at least 65 on July 1, 2014, or for each year, thereafter, where the home owner reaches 65 on July 1<sup>st</sup> of that year – are exempt from paying the \$79.00 per year parcel assessment. To receive the aforementioned exemption, this form and supporting documentation must be submitted to the Berryessa Union School District by June 30<sup>th</sup> prior to the following July 1<sup>st</sup> of each fiscal year.

Once you have applied and qualified to be exempt, each year, the District will mail a confirmation letter to each applicant to establish continued eligibility for the exemption. If the confirmation letter is not received by June 30<sup>th</sup> of that year, the District will assume the applicant is no longer eligible, therefore, removing the Parcel Number from the list.

Applications/Confirmation Letters may be mailed or brought into the District Office – Business Services Department – at 1376 Piedmont Road, San Jose, CA 95132. For assistance call (408) 923-1860.

All of the following information must be provided to receive the Measure K exemption. To qualify for this exemption you must, both, own and reside on the property for which the exemption is requested.

## A. PROPERTY TAX EXEMPTION

1. County of Santa Clara Secured Property Tax Bill Number:	
2. Property Owner's Name:	
3. Property Address:	
4. Daytime Phone: 5. Evening Phone:_	
B. INFORMATION REQUIRED FOR EXEPTION	
<b>PROOF OF AGE:</b> Please attach a copy of one of the following legal documents indicating that you will be at least 65 on or prior to July 1, 2014 or July 1 <sup>st</sup> , each year, thereafter.	
Driver's License Passport California ID Card	Hospital Birth Record
Social Sec. Award Letter Birth Certificate	Medi-Cal (not Care) Card
OWNERSHIP OF PARCEL:	
Copy of your County of Santa Clara Secured Property Tax Bill	
C. <u>SIGNATURE REQUIRED</u>	
Under penalty of perjury, I declare that this claim is, to the best of my knowledge, correct and complete.	
Signature of Property Owner	Date

**BOARD OF TRUSTEES** 

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