

**2022-2023**  
Property Tax Year

**LOCAL CLASSROOMS FUNDING AUTHORITY**

**MEASURE CL PARCEL TAX**

**Senior Citizen and SSI Disability Parcel Tax Exemption Application**

**1<sup>st</sup> Year Filing - Submit by 6/30/2022**

**If you already qualified for the exemption, you do not need to re-apply.**

**Only single-family residences are eligible for the exemption.**

Exemptions may be granted on any parcel owned by a senior citizen (**65 years or older as of 7/1/22**) who occupies said parcel as a principal residence or by a person receiving SSI income for a disability who occupies said parcel as a principal residence.

Assessor's ID Number (AIDN) (1<sup>st</sup> Ten Digits) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner / Occupant Name (please print): \_\_\_\_\_  
Last Name First Name

Street Address of Property Location on Property Tax Bill (Identified by AIDN)

\_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
City Zip Code Contact Phone Number

I declare under penalty of perjury that the property listed above is my principal place of residence, and that this application and the copies of the documents indicated below are complete and correct.

\_\_\_\_\_  
Signature of Applicant / / \_\_\_\_\_  
Date (mm/dd/yyyy)

**The following items must be submitted along with the signed completed application:**

- **Senior Citizen** Exemption Application Packets **must include all** required items from columns **A** and **B**.
- **SSI Disability** Exemption Application Packets **must include all** required items from columns **A** and **C**.

<b>Column A – ALL APPLICANTS</b>	<b>Column B – SENIOR CITIZENS</b>	<b>Column C – SSI DISABILITY</b>
Ownership and Primary Residence Verifications	*65 years or older as of 7/1/22* Date of Birth Verification	SSI Benefits Verification
<input type="checkbox"/> 2021-2022 Property Tax Bill (Bill with " <b>2021</b> " printed in the upper corners)  <p style="text-align: center;"><b>AND</b></p> <input type="checkbox"/> 2022 Utility Bill (Gas Company or Edison <b>ONLY</b> )  ⇒ <b>Senior Citizens continue to COLUMN B</b> ⇒ <b>SSI Disability skip to COLUMN C</b>	Please include a copy of <b>one</b> of the following showing a date of birth on or before 7/1/57.  <input type="checkbox"/> CA Driver License  <input type="checkbox"/> Passport  <input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Disability Benefits Letter  A Benefits Verification Letter may be obtained by visiting a Social Security Administration Office or by calling (800) 772-1213.

**APPLICATION PACKETS ARE DUE BY JUNE 30, 2022, AND MAY BE SUBMITTED BY ONE OF THE FOLLOWING METHODS:**

By Fax to:	By E-Mail to:	By Mail to:
(424) 285-5374	apply@lcfparceltax.org	Local Classrooms Funding Authority • PO Box 1208, Lawndale, CA 90260

In Person at:				
<b>Centinela Valley Union High School District</b> 14901 S. Inglewood Ave. Lawndale, CA 90260 (Behind Lawndale High School)	<b>Hawthorne School District</b> 14120 Hawthorne Blvd. Hawthorne, CA 90250	<b>Lawndale Elementary School District</b> 4161 West 147th St. Lawndale, CA 90260	<b>Lennox School District</b> 10319 Firmona Ave. Lennox, CA 90304	<b>Wisburn Unified School District</b> 201 North Douglas El Segundo, CA 90245

*If you have any questions about the application process, you may call (310) 263-3222 for assistance.*

FOR OFFICE USE ONLY				
Received on:	Entered on:	<input type="checkbox"/> Approved	#	Result Letter Sent:
		<input type="checkbox"/> Denied	Reason:	
By:	By:	<input type="checkbox"/> Already Exempt		
<input type="checkbox"/> Missing Information: _____				