

**2018-2019**  
**Property Tax Year**

**LOCAL CLASSROOMS  
FUNDING AUTHORITY  
MEASURE CL PARCEL TAX**

**1st Year Filing**  
**Submit by 6/30/2018**  
If you already qualified for the  
exemption, you do not need to re-apply.

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

Exemptions may be granted on any parcel owned by a senior citizen 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. Only single family residences are eligible for the exemption.

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

Owner/Occupant Name \_\_\_\_\_  
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**

**Column A**  
**FOR ALL EXEMPTION  
APPLICATIONS AND . . .**

**Column B**  
**FOR SENIOR CITIZEN  
EXEMPTION APPLICATIONS**

**Column C**  
**FOR SSI DISABILITY  
EXEMPTION APPLICATIONS**

**Ownership Verification**

\_\_\_\_\_ 2017-2018 Property Tax Bill  
(Bill with "**2017**" printed in the upper corners)

**AND**

**Primary Residence Verification**

\_\_\_\_\_ 2017 or 2018 Utility Bill  
(**ONLY** Gas Company or Edison)

**Date of Birth Verification**

Include a copy of one of the following  
showing a date of birth on or before 7/1/53

\_\_\_\_\_ CA Driver License

\_\_\_\_\_ Passport

\_\_\_\_\_ Birth Certificate

**SSI Benefits Verification**

\_\_\_\_\_ Disability Benefits Letter  
A Benefits Verification Letter may be obtained  
by visiting a Social Security Administration  
Office or by calling 800-772-1213

**APPLICATION PACKET REQUIREMENT SUMMARY**

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

**Application packets are due by June 30, 2018, and may be submitted by one of the following methods:**

**In Person -- Placed in one of the marked drop boxes, located in the district office lobbies of the following school districts:**

Hawthorne School District  
14120 South Hawthorne Blvd  
Hawthorne, CA 90250

Lawndale School District  
4161 West 147<sup>th</sup> Street  
Lawndale, CA 90260

Lennox School District  
10319 Firmona Ave  
Lennox, CA 90304

Wiseburn USD  
201 North Douglas  
El Segundo, CA 90245

**By Fax to:**

(424) 285-5374

**By Mail to:**

Local Classrooms Funding Authority  
PO Box 1208 • Lawndale, CA 90260

**By E-Mail to:**

apply@lcfaparceltax.org

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