

**2020-2021  
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 6/30/2020**

**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 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</b>	<b>Column B</b>	<b>Column C</b>
<b>FOR ALL EXEMPTION APPLICATIONS</b> <b>Ownership &amp; Primary Residence Verifications</b>	<b>ONLY FOR SENIOR CITIZEN</b> Exemption Applications <b>Date of Birth Verification</b>	<b>ONLY FOR SSI DISABILITY</b> Exemption Applications <b>SSI Benefits Verification</b>
2019-2020 Property Tax Bill (Bill with " <b>2019</b> " printed in the upper corners)  <b>AND</b>  2019 or 2020 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 one of the following showing a date of birth on or before 7/1/55.  CA Driver License  Passport  Birth Certificate	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, 2020, AND MAY BE SUBMITTED BY ONE OF THE FOLLOWING METHODS:**

\*Due to restrictions related to COVID-19, the submittal methods and locations are limited this year. We strongly encourage you to submit your completed application by mail, email, or fax. If you need any assistance with completing the application or turning it in, please contact us at (310) 263-3222.

<b>By Mail to:</b> Local Classrooms Funding Authority PO Box 1208 Lawndale, CA 90260	<b>By E-Mail to:</b> apply@lcfaparceltax.org	<b>By Fax to:</b> (424) 285-5374	<b>In Person to:</b> Centinela Valley Union High School District (Behind Lawndale High School, past the football field) 14901 S. Inglewood Ave. Lawndale, CA 90260
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