



CULVER CITY UNIFIED SCHOOL DISTRICT: MEASURE K
SOCIAL SECURITY DISABILITY INSURANCE (SSDI) EXEMPTION INFORMATION
FOR TAX YEAR 2019-2020
For Owner-Occupants Receiving SSDI

On November 6, 2018, the registered voters of Culver City approved Measure K. Measure K is an annual education parcel tax levied per parcel for seven years. The funds will maintain small class sizes, retain qualified teachers, support essential educational programs, and improve support for students with special needs in Culver City schools.

Measure K allows for a Social Security Disability Insurance exemption for any parcel of taxable real property owned and occupied by a SSDI recipient. To qualify for the SSDI Exemption you must: (1) receive SSDI, (2) meet the income requirements, and (3) own and occupy your property as your primary residence.

How to Apply for the Measure K SSDI Citizen Exemption

- **Applications are available electronically, by email, by request, or in person:**
 - Download at www.ccusd.org;
 - Send an email to exemptions@sci-cg.com;
 - Call the Parcel Tax Administrator at **(844) 332-0549** for application by mail;
 - Applications available for pick up: Monday-Friday, 8:00 AM to 4:00 PM, **Culver City Unified School District, 4034 Irving Place, Culver City, CA 90232.**

- **Complete the Measure K SSDI Exemption Application and include the following documentation** (*copies only*):
 - Proof of ownership (*property tax bill*)
 - Proof of residence (*utility bill*)
 - Copy of Form 1040 (*IRS Form*)
 - Include copy of Benefits Verification Letter (*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.*)

- **Completed applications and required documents are due by June 30, 2019:**
 - **Mail:** Measure K Exemption, c/o Parcel Tax Administrator, 4745 Mangels Blvd, Fairfield, CA 94534;
 - **Email:** Email address: exemptions@sci-cg.com; Subject: Measure K Exemption; or
 - **Fax:** Measure K Exemption, c/o Parcel Tax Administrator, (707) 430-4319.

Once your exemption is approved, the exemption will be automatically renewed as long as you continue to own and occupy the residence.

If you sell your home and purchase a new home, you must re-file for the SSDI exemption for the new property. Any changes in the SSDI eligibility must be reported to the school district.



**CULVER CITY UNIFIED SCHOOL DISTRICT: MEASURE K
SOCIAL SECURITY DISABILITY INSURANCE (SSDI) EXEMPTION REQUEST FORM
FOR TAX YEAR 2019-2020**

For Owner-Occupants Receiving Social Security Disability Insurance (SSDI)

A SSDI Exemption from Measure K may be granted to property owners who receive Social Security Disability Insurance (SSDI) regardless of age, who own and reside at the property for which the exemption is claimed, and whose annual income does not exceed 250% of the 2012 Federal Poverty Guidelines issued by the United States Department of Health and Human Services. If you would like to apply for this exemption, please complete and return the application and verifications of ownership, residence, SSDI and income information by **June 30, 2019** to **Measure K Exemption, 4745 Mangels Blvd, Fairfield, CA 94534**, or by email to: exemptions@sci-cg.com, or by fax to **(707) 430-4319**.

| 2012 Poverty Guidelines for the 48 Contiguous States and District of Columbia | | |
|--|-------------------|------------------------|
| Persons in Family/ Household | Poverty Guideline | 250% of 2012 Guideline |
| 1 | \$11,170 | \$27,925 |
| 2 | \$15,130 | \$37,825 |
| 3 | \$19,090 | \$47,725 |
| 4 | \$23,050 | \$57,625 |
| 5 | \$27,010 | \$67,525 |
| 6 | \$30,970 | \$77,425 |
| 7 | \$34,930 | \$87,325 |

Property Owner's Name: _____

Street Address: _____

Assessor's Parcel Number: _____ Phone: _____

Email Address (optional) : _____

Is the address your principal place of residence? YES ____ NO ____

INCOME INFORMATION

Total annual income: January 1, 2018 to Dec 31, 2018: \$_____.

Total number of family members who reside in residence: _____.

Under penalty of perjury, I hereby declare that this application for exemption and the accompanying verifications of residence, Social Security Disability Insurance, and income are true and correct to the best of my knowledge.

Signature of Applicant or Designee

Date

Required documents:

Ownership Verification

Residence Verification

SSDI Verification

Income Verification

2018-2019 Property Tax Bill

Utility Bill

Benefits Letter

Copy of Form 1040

If you have questions about this form or Measure K, please contact the Parcel Tax Administrator by phone at (844) 332-0549 or email at exemptions@sci-cg.com.