



CULVER CITY UNIFIED SCHOOL DISTRICT: MEASURE K
SOCIAL SECURITY DISABILITY INSURANCE (SSDI) OR SUPPLEMENTAL SECURITY INCOME
(SSI) EXEMPTION INFORMATION
FOR TAX YEAR 2025-2026
For Owner-Occupants Receiving SSDI or SSI

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 and Supplemental Security Income exemption for any parcel of taxable real property owned and occupied by an **SSDI** or **SSI** recipient. To qualify for the **SSDI / SSI** Exemption you must: (1) receive **SSDI / SSI**, (2) meet the income requirements, and (3) own and occupy your property as your primary residence.

Complete the Measure K SSDI Exemption Application and include the following documentation
(copies only):

- Proof of ownership (*2024-2025 property tax bill*)
- Proof of residence (*electric or cable bill*)
- Copy of Form 1040 (*IRS Form*)
- Include a copy of a 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.*)

Complete the Measure K SSI Exemption Application and include the following documentation
(copies only):

- Proof of ownership (*2024-2025 property tax bill*)
- Proof of residence (*electric or cable bill*)
- Include a copy of a 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, 2025:

- **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.

You are required to send your most current benefits letter by June 30 of every year.

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.



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EXEMPTION INFORMATION
FOR TAX YEAR 2025-2026
For Owner-Occupants Receiving Social Security Disability Insurance (SSDI) or
Supplemental Security Insurance (SSI)

An **SSDI / SSI** Exemption from Measure K may be granted to property owners who receive Social Security Disability Insurance (**SSDI**) or Supplemental Security Insurance (**SSI**) regardless of age, who own and reside at the property for which the exemption is claimed. **SSDI** recipient's annual income may not exceed 250% of the 2024 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** or **SSI** and income information by **June 30, 2025:**

Mail: Measure K Exemption,
 c/o Parcel Tax Administrator,
 4745 Mangels Blvd,
 Fairfield, CA 94534.

- o **Email:** Email address: exemptions@sci-cg.com; Subject: Measure K Exemption; or
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SSDI Guidelines

2024 Poverty Guidelines for the 48 Contiguous States and District of Columbia		
Persons in Family/ Household	Poverty Guideline	250% of 2024 Guideline
1	\$15,060	\$37,650
2	\$20,440	\$51,100
3	\$25,820	\$64,550
4	\$31,200	\$78,000
5	\$36,580	\$91,450
6	\$41,960	\$104,900
7	\$47,340	\$118,350

Property Owner's Name: _____

Street Address: _____

Assessor's Parcel Number: _____ Phone: _____

Email Address (optional): _____

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

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

2024-2025 Property Tax Bill

Residence Verification

Utility Bill (electric or cable bill)

SSDI / SSI Verification

Benefits Letter

SSDI Income Verification

Copy of Form 1040

We may request additional documentation in order to determine eligibility.

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.