



**SAN LEANDRO UNIFIED SCHOOL DISTRICT: MEASURE I
SOCIAL SECURITY DISABILITY INSURANCE (SSDI) OR SUPPLEMENTAL SECURITY
INCOME (SSI) EXEMPTION INFORMATION
For Tax Year 2025-26**

For Owner-Occupants Receiving SSDI/SSI

NOTICE TO ELIGIBLE HOMEOWNERS RECEIVING SSDI or SSI OF June 30, 2024: Under the provisions of the Measure I Parcel Tax approved by the voters on November 6, 2018, homeowners receiving SSDI who meet the income requirements, may request an exemption from the parcel tax.

How to Apply for the Measure I SSDI Citizen Exemption

- **Complete the Measure I SSDI Exemption Application and include all the following documentation (*copies only*):**
 - Proof of ownership (*2024-2025 tax bill*)
 - Proof of residence (*electric or cable bill*)
 - Copy of your most recent Form 1040 (*IRS Form*)
 - 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.*)

How to Apply for the Measure I SSI Exemption

- **Complete the Measure I SSI Exemption Application and include all the following documentation (*copies only*):**
 - Proof of ownership (*2024-2025 tax bill*)
 - Proof of residence (*electric or cable bill*)
 - 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, 2025:**
 - **Mail to:** Measure I Exemption, c/o Parcel Tax Administrator, 4745 Mangels Blvd, Fairfield, CA 94534.
 - **Email to:** Email address: exemptions@sci-cg.com; Subject: Measure I Exemption;
or
 - **Fax to:** Measure I Exemption, c/o Parcel Tax Administrator, (707) 430-4319.

NOTE: You may be asked to re-verify your eligibility status once approved.

If you purchase a different home within the district, 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.



**SAN LEANDRO UNIFIED SCHOOL DISTRICT: MEASURE I
SOCIAL SECURITY DISABILITY INSURANCE (SSDI) OR SUPPLEMENTAL SECURITY
INCOME (SSI) EXEMPTION INFORMATION**

For Tax Year 2025-26

**For Owner-Occupants Receiving Social Security Disability Insurance (SSDI)
Or Supplemental Security Income (SSI)**

An **SSDI or SSI** Exemption from Measure I may be granted to property owners who receive **Social Security Disability Insurance (SSDI) or Supplemental Security Income** 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** to **Measure I Exemption, 4745 Mangels Blvd, Fairfield, CA 94534**, or by email to: **exemptions@sci-cg.com**, or by fax to **(707) 430-4319**. **NOTE:** You may be asked to re-verify your eligibility status once approved.

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 ____

INCOME INFORMATION

Total annual income: January 1, 2024, to Dec 31, 2024 \$ _____.

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

Residence

SSDI / SSI

SSDI Income

2024-2025 Property Tax Bill

Electric/Cable Bill

Benefits Letter

Copy of most recent Form 1040

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