



**SUNNYVALE SCHOOL DISTRICT  
PARCEL TAX EXEMPTION APPLICATION FORM**

*Request for **EXEMPTION** from the Parcel Tax for Owner-Occupants  
Age 65 or older on or before June 30, of the current year*

Assessor's Parcel Number (APN): \_\_\_\_\_  
(found on your property tax bill)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Birth Date: \_\_\_\_\_

*Under penalty of perjury, I declare that I am the current owner and occupant of the above parcel and that this claim (including any accompanying proof of residence and age) is, to the best of my knowledge, correct and complete.*

\_\_\_\_\_  
Signature of Applicant or Designee

\_\_\_\_\_  
Date

- Please attach a copy of proof of residence and birth date and a copy of your property tax bill
- Deliver or mail this form and above documentation by **June 30**, to:

**Parcel Tax Exemption  
Sunnyvale School District  
819 West Iowa Avenue  
Sunnyvale, CA 94086**

**(Office Use Only)**

**Residence Verification**

(One from below)

- \_\_\_ PG & E bill
- \_\_\_ Utility Bill

**Birth Date Verification**

(One from below)

- \_\_\_ Driver's License
- \_\_\_ Passport
- \_\_\_ DMV Identification Card
- \_\_\_ Birth Certificate
- \_\_\_ Medicare Card

**Ownership**

\_\_\_ Property Tax bill

Verified By: \_\_\_\_\_

Sunnyvale School District

Date: \_\_\_\_\_