

ROSS VALLEY SCHOOL DISTRICT  
Fairfax and San Anselmo California

**SENIOR CITIZEN PARCEL TAX EXEMPTION APPLICATION**

You must meet **ALL** of the following criteria to qualify for exemption for your parcel during any tax year (July 1 – June 30):

- you must have attained age 65 prior to May 1 of any applicable year;
- you must be the owner or a beneficial owner\* of the parcel;
- you must use the parcel as your principal place of residence.

If you believe you will qualify for this exemption, please complete items 1-8 below and return this form along **with a copy of your current driver license or California ID card** as proof of age and primary residency either by fax (415-454-6840) or mail to:

Ross Valley School District  
Attn: Senior Exemption  
110 Shaw Drive  
San Anselmo, CA 94960

If you have questions, or need assistance in completing this form, please call (415) 451-4070. The exemption shall continue and remain in effect for each year without the need for annual reapplication

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3(a). Phone: \_\_\_\_\_ 3(b). Email: \_\_\_\_\_

4. Is the address your principal place of residence?  YES  NO

5. Birth Date: \_\_\_\_\_

6. Parcel Number: --

7. Do you claim the exemption as: a)  Owner of record  
b)  A beneficial owner\* under a trust instrument  
c)  Other \_\_\_\_\_

*If you check (b) or (c) above, please provide a copy of the instrument or document under which you claim beneficial ownership\*.*

8. Executed on (date) \_\_\_\_\_ at (city) \_\_\_\_\_, California. I declare under penalty of perjury the foregoing is true and correct.

Signature: \_\_\_\_\_

*\*"Beneficial Owner" means that you have title in your name, or title may be held for your benefit by a trustee or other fiduciary who acts on your behalf, such as a partner, corporation, lessor, obligee under a contract of sale, etc.*

For Ross Valley School District Use Only	<input type="checkbox"/> Request Approved	Date Property Owner Notified _____
	<input type="checkbox"/> Request Denied	Reason if Denied: _____
	If age, which year eligible? _____	School District Authorized Signature: _____