



Millbrae Elementary School District  
555 Richmond Drive  
Millbrae, CA 94030  
650-697-5693 • 650-697-6865 (fax) • [www.millbraeschooldistrict.org](http://www.millbraeschooldistrict.org)

### **2025-2026 MEASURE A PARCEL TAX EXEMPTION APPLICATION INSTRUCTIONS**

*If you have a previous exemption on file for the Measure A or Measure N Parcel Tax, you do not need to complete this form. No further action is needed.*

To qualify for an exemption from the Measure A Parcel Tax during any tax year (July 1 – June 30):

- You must be the owner of the parcel and you must occupy the parcel as your principal residence.

In addition, you must qualify for one of the following 3 categories:

- You have attained age 65 prior to July 1 of the tax year (by June 30, 2025) OR,
- You are receiving Supplemental Security Income ([SSI](#)) benefits for a disability, regardless of age, OR
- You are receiving Social Security Disability Income ([SSDI](#)) benefits (regardless of age, your yearly income does not exceed 250 percent of the 2012 federal poverty guidelines issued by the United States Department of Health and Human Services)

If you meet the exemption criteria, you may apply for an exemption from the **Measure A Parcel Tax** (\$125.00 annually, per parcel until June 30 of 2032) by submitting this application along with the required documentation:

1. One proof of birth/identity (copy of driver's license, California ID birth certificate, passport or Medicare card)
2. One proof of residence (copy of current utility bill – PG&E, WATER, CABLE, SCAVENGER)(applicant's name must be on bill)
3. One proof of ownership (copy of current property tax bill or tax bill with homeowner's exemption)

If you are receiving either SSI or SSDI you must also provide:

4. Benefits Verification Letter issued by the Social Security Administration receiving Supplemental Income for disability. This letter is obtained by going online at <https://www.ssa.gov/> by calling the Social Security Administration Office at 1-800-772-1213 or by visiting a local Social Security Administration Office.

### **YOU ONLY NEED TO APPLY ONCE FOR THE MEASURE A PARCEL TAX EXEMPTION.**

Once your application is approved, you will receive the exemption for the entire term of the parcel tax so long as you remain eligible. However, if you are granted an exemption, from time-to-time, the District may ask you to verify your eligibility.

### **APPLICATION AND SUPPORTING DOCUMENTS DUE NO LATER THAN JUNE 30, 2025**

There are no exceptions to the June 30, 2025 deadline and the district does not accept applications retroactively.

Please send the completed Measure A Parcel Tax Senior Exemption Application **AND** all required documentation (proof of birth, proof of residence, proof of ownership and SSI or SSDI Benefits Letter if qualified) by using one of the following methods:

<b>Option A: MAIL ★★ ★ (PREFERRED)</b> Millbrae Elementary School District Attn: Measure A Exemption 555 Richmond Drive Millbrae, CA 94030	<b>Option B: FAX</b> (650) 697-6865 Attn: Measure A Exemption
<b>Option C: EMAIL</b> <a href="mailto:MeasureAexemption@millbraesd.org">MeasureAexemption@millbraesd.org</a>	<b>Option D: IN PERSON</b> Millbrae Elementary School District Office (Please check our website for Summer Hours) 555 Richmond Drive 8:30 am – 3:30 pm daily (excluding holidays and weekends)



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**2025-2026 MEASURE A PARCEL TAX EXEMPTION APPLICATION**

<b>Assessor's Parcel Number (APN#)</b> (as it appears on property tax bill)	
<b>Name</b> (as it appears on property tax bill)	
<b>Address</b>	
<b>City, State, ZIP Code</b>	
<b>Birthdate</b>	
<b>Telephone Number</b>	
<b>E-Mail Address</b>	

☒ I declare under penalty of perjury, the foregoing is true and correct. I certify that I currently own and occupy the residence listed above.

**X** \_\_\_\_\_  
Signature of Applicant Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

- ☐ CDL, ID, Birth Certificate, Passport, Medicare Card
- ☐ Secured Property Tax Bill (current)
- ☐ **Current** Utility Bill (PG&E, Water, Cable or Scavenger)(Applicant's name must be on bill)
- ☐ SSI or SSDI Benefits Verification Letter issued by the Social Security Administration

Comments: \_\_\_\_\_ Verified By \_\_\_\_\_ Date \_\_\_\_\_