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Assessor

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*Valuing People
and Property*

CLAIM FOR DISABLED VETERANS' PROPERTY TAX EXEMPTION

CLAIM YEAR: _____

To be completed only by claimants for Low-Income Exemption.

CLAIMANT'S NAME	ASSESSOR'S PARCEL NUMBER	
<i>Household Income.</i> CA Revenue & Taxation Code Section 20504 defines <i>Household Income</i> as all income received by all members of a household. Please include the income of persons who were members of the household during the calendar year prior to the year of this claim.	ENTER THE YEARLY INCOME OF:	
	YOU AND YOUR SPOUSE	OTHER HOUSEHOLD MEMBERS
1. Wages, salaries, tips, and other employee compensation.	\$	\$
2. Social Security, including the amount for Medi-Care premiums.	\$	\$
3. Railroad retirement.	\$	\$
4. Interest and dividends.	\$	\$
5. Pensions, annuities, and disability retirement payments.	\$	\$
6. SSI/SSP (Supplemental Security Income/State Supplemental Plan), AB (Aid to the Blind), ATD (Aid to Totally Disabled), AFDC (Aid to Families with Dependent Children), and APSB (Aid to the Potentially Self-Supporting Blind).	\$	\$
7. Rental Income (or loss).	\$	\$
8. Net income (or loss) from a business.	\$	\$
9. Income (or loss) from the sale of capital assets.	\$	\$
10. Life insurance proceeds that exceed expenses.	\$	\$
11. Veteran's benefits received from the Veterans Administration.	\$	\$
12. Gifts and inheritances in excess of \$300, except between members of the household.	\$	\$
13. Unemployment insurance benefits.	\$	\$
14. Workers compensation for temporary disability (not for permanent disability)	\$	\$
15. Amounts contributed on behalf of the claimant to a tax sheltered or deferred compensation plan (<i>also a deduction</i>).	\$	\$
16. Sick leave payments.	\$	\$
17. Nontaxable gain from the sale of a residence.	\$	\$
18. HOUSEHOLD INCOME TOTAL (Add lines 1 to 17)	\$	\$

continued on next page

Adjustments to Income. Complete lines 19-25 (if applicable). CA Revenue & Taxation Code Section 17072 provides for an adjusted gross income, which means, gross income minus the following deductions.	ENTER THE YEARLY ADJUSTMENTS OF:	
	YOU AND YOUR SPOUSE	OTHER HOUSEHOLD MEMBERS
19. Forfeited interest penalty.	\$	\$
20. Alimony paid.	\$	\$
21. Individual retirement arrangement, Keogh (HR 10), Simplified Employee Plan (SEP), or Simple plans.	\$	\$
22. Employee business expenses.	\$	\$
23. Moving expenses and deductions of expenses (already taken) for the production of income (or loss) reported in Items 7 (rental), 8 (business), and 9 (sale of capital assets) included in income.	\$	\$
24. Student loan interest.	\$	\$
25. Medical savings account.	\$	\$
26. ADJUSTMENTS TO INCOME TOTAL (Add lines 19 to 25)		
27. ADJUSTED GROSS INCOME Subtract line 26 from line 18		
28. NET HOUSEHOLD INCOME Add both columns of line 27 and enter here.		

Certification.

I hereby declare the forgoing facts to be true and correct to the best of my knowledge. I make this statement under penalty of the perjury under the Laws of the State of California.

SIGNATURE

SIGNATURE

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS (if applicable)

In accordance with CA Revenue & Taxation Code § 441(d)(1), persons shall make available for examination information or records regarding his or her property in which the assessor considers relevant and essential to the proper discharge of the assessor's duties. Thus, the assessor may request additional information or documents to support the income reported on this worksheet (i.e., first page of IRS Form 1040, veterans' benefit, social security statement).