

**BOYERTOWN AREA SCHOOL DISTRICT**  
**911 Montgomery Avenue**  
**Boyertown PA 19512-9607**

**Request for Exoneration of Per Capita Tax School Year 20\_\_ - 20\_\_**

**IN ORDER TO RECEIVE CONSIDERATION, EVERY QUESTION MUST BE ANSWERED**

This form must be submitted to your local tax collector by October 1.

I \_\_\_\_\_ hereby petition the Board of School Directors to be exonerated  
(PRINT) Name of Applicant from payment of my 20\_\_ - 20\_\_ school per capita tax.

1. My reason(s) for making this request is(are) checked below:

<input type="checkbox"/> On Social Security with no other income	<input type="checkbox"/> On Social Security with other limited income
<input type="checkbox"/> Physically incapacitated and unable to work	<input type="checkbox"/> Liable for unusual expenses
Describe nature of illness or injury:	Describe circumstances:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Age: \_\_\_\_\_ Are you a student?  Yes  No If yes, are you  Full-time or  Part-time  
**If you are over 18 years of age and a student you will be exempt for one year. Go to #15**  
**If you are under 18 years of age, please provide the month & year of birth: \_\_\_\_\_ (MM/YY)**  
**You are exempt until you are 18 years old. Go to #15.**

3. Do you receive Pharmaceutical Assistance Contract for the Elderly (PACE) benefits from the Commonwealth of Pennsylvania?  Yes  No. If yes, you do not need to complete lines 4 - 14. Please complete lines 15 - 18 and mail the request form to your tax collector before October 1. If you do not receive PACE benefits, complete items 4 - 18 and mail the request to your tax collector before October 1.

4. Married \_\_\_\_\_ Single \_\_\_\_\_ Widow \_\_\_\_\_ Widower \_\_\_\_\_

5. If married, is your spouse also requesting exoneration?  Yes  No  
If yes, what is your spouse's annual income from all resources? \$ \_\_\_\_\_

6. Do you own, or have any financial interest in, the property in which you live?  Yes  No  
If yes, what is the county assessed valuation of the property? \$ \_\_\_\_\_

Do you own, or have an interest in, any other real estate?  Yes  No  
If yes, list address(es) and county assessment(s):

Address: \_\_\_\_\_ County Assessment: \$ \_\_\_\_\_

7. Does your spouse own, or have any other financial interest, in property other than listed in item No. 6?  
 Yes  No If yes, list address(es) and county assessment(s):

Address: \_\_\_\_\_ County Assessment: \$ \_\_\_\_\_

8. Are you employed?  Yes  No If yes,  Full-time  Part-time  
Employer's Name \_\_\_\_\_ Gross Annual Income: \$ \_\_\_\_\_

9. Are you retired?  Yes  No  
If yes, provide retirement income. Annual Income: \$ \_\_\_\_\_

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Request for Exoneration of Per Capita Tax School Year 20\_\_ - 20\_\_ \_\_\_\_\_  
Name of Applicant

10. Do you have any other income? \_\_\_\_ Yes \_\_\_\_ No      If yes, indicate source and annual amount:

Source	Annual Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total income from sources in item 10      \$ \_\_\_\_\_

11. **TOTAL ANNUAL INCOME (Add all income in items No. 8 through No. 10)**      \$ \_\_\_\_\_  
**(If Annual Income is less than \$5,000 you qualify for exoneration)**

12. Are you the head of the family? \_\_\_\_ Yes \_\_\_\_ No Write below the names of the person's dependent upon you or living with you and their relationship to you.

Name	Age	Relationship	Where Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Report here any other information not given which you believe will support your claim for exoneration.

14. Give names, addresses, and telephone numbers of two persons (not related to you) who are familiar with your circumstances.

Name / Address	Telephone Number
_____	_____
_____	_____

Under penalties of perjury, I declare that I have examined the request for exemption and to the best of my knowledge and belief, it is true, correct and complete. Further, I agree to notify the Boyertown Area School District immediately about any increase in my income or resources.

15. Tax Collector: \_\_\_\_\_      \_\_\_\_\_  
Applicant's Signature

16. Municipality: \_\_\_\_\_      \_\_\_\_\_  
Address / Street / RR / Apartment No.

17. Applicant's Telephone No: \_\_\_\_\_      \_\_\_\_\_

18. Applicant's last 4 digits of SS No: \_XXX-XX-\_\_\_\_\_      \_\_\_\_\_  
City / State / Zip Code

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 (To Be Completed by School District)  
 Your application for request for exoneration of the per capita tax for school year 20\_\_ - 20\_\_ has been:  
 \_\_\_\_ Approved for 1 year    \_\_\_\_ Approved for Permanent Exoneration    \_\_\_\_ Denied    \_\_\_\_ Returned for Additional Information