

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

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

**PLEASE SEND COMPLETED FORM TO "TAX DEPARTMENT":  
BASD EDUCATION CENTER, 911 MONTGOMERY AVE, BOYERTOWN, PA, 19512.**

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

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

\_\_\_\_\_ On Social Security with no other income \_\_\_\_\_ On Social Security with other income  
\_\_\_\_\_ Physically incapacitated and unable to work \_\_\_\_\_ 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 \_\_\_\_\_ Part-time

\*Name of School \_\_\_\_\_ City/State of School: \_\_\_\_\_

**\*PROOF OF SCHOOL REGISTRATION REQUIRED – ATTACH COPY TO THIS FORM.  
PLEASE NOTE – If proof is not included, then form will be returned to applicant.**

• If you are over 18 years of age and a full-time student, you will be exempt for one year. Go to #15 and complete #15 – #18.

• If you are over 18 years of age and a part-time student, please complete the rest of the form.

3. Do you receive Pharmaceutical Assistance Contract for the Elderly (PACE) benefits from the Commonwealth of Pennsylvania? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, go to #15 and complete #15-#18. If no, please complete the rest of the form.**

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

5. If married, is your spouse also requesting exoneration? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, spouse must complete a separate Request for Exoneration form.

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, are you \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Employer's Name \_\_\_\_\_ Gross Annual Income: \$ \_\_\_\_\_

9. Are you retired? \_\_\_\_\_ Yes \_\_\_\_\_ No Gross Annual Retirement Income: \$ \_\_\_\_\_

**PLEASE SEE REVERSE SIDE**

**PAGE 2 OF THIS FORM MUST BE COMPLETED**

BOYERTOWN AREA SCHOOL DISTRICT - Page 2

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 from No. 8 through No. 10)** \$ \_\_\_\_\_  
**(If Annual Income is less than \$10,000 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 exoneration 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: \_\_\_\_\_ Address / Street / RR / Apartment No. \_\_\_\_\_
18. **Date Signed:** \_\_\_\_\_ **SSN XX-XXX-** \_\_\_\_\_  
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

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date

Exoneration Form Revised 07/2023