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 within five months of tax bill issue date.

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:

_____ On Social Security with no other income
_____ Physically incapacitated and unable to work
Describe nature of illness or injury:

_____

_____

_____ On Social Security with other limited income
_____ Liable for unusual expenses
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 within five months of tax bill issue date. If you do not receive PACE benefits, complete items 4 – 18 and mail the request to your tax collector within five months of tax bill issue date.

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: $ _____

PLEASE SEE REVERSE SIDE. **PAGE 2 OF THIS FORM MUST BE COMPLETED**

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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 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: ______________________ ______________________________

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

- -

(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