

# UPPER PERKIOMEN SCHOOL DISTRICT

## Application for Per Capita Tax Exemption

TAX COLLECTOR: \_\_\_\_\_

TAX YEAR: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_

BILL NUMBER: \_\_\_\_\_

I hereby petition exemption by the Board of School Directors from payment of school Per Capita taxes for the 20\_\_\_\_ tax year. (Tax exemption base-income from all sources, including Social Security, Retirement, VA Benefits & Governmental Assistance (Welfare), is less than \$10,000 per applicant.)

This request must be accompanied with documentation to verify income claims. Please provide one or more of the following:

- A copy of your most recent **State Tax Return**.
- A statement of benefits from your SSI, Retirement, VA Benefits or other government assistance.
- Copies of your benefit check stubs.
- Copy of your Local Earned Income Tax filing.

NAME: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

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

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**YOU MUST COMPLETE ALL INFORMATION AND INCLUDE DOCUMENTATION IN ORDER TO RECEIVE CONSIDERATION.**

**THIS FORM WILL NOT BE ACCEPTED AFTER NOVEMBER 15**

TAX COLLECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

UPPER PERKIOMEN SCHOOL BOARD ACTION: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

BOARD SECRETARY: \_\_\_\_\_ DATE: \_\_\_\_\_