

**SHENANDOAH VALLEY SCHOOL DISTRICT**

**REQUEST FOR ANNUAL EXONERATION FROM PER CAPITA TAXES**

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

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

**FINANCIAL STATUS OF APPLICANT FOR EXONERATION**

*In order to receive consideration, EVERY question MUST be answered.*

1. **Date of birth:** \_\_\_\_\_ (Provide proof, if 70 years of age or older.)
2. **MARITAL STATUS:** Single \_\_\_\_\_ Married \_\_\_\_\_ Widow \_\_\_\_\_  
Widower \_\_\_\_\_ Divorced \_\_\_\_\_
3. **Are you permanently disabled?** Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, provide medical proof.)
4. **Is disability service connected?** Yes \_\_\_\_\_ No \_\_\_\_\_
5. **Number of persons in your household:** \_\_\_\_\_
6. **Do you own or rent the property in which you live?** Own \_\_\_\_\_ Rent \_\_\_\_\_
7. **Do you own any other real estate?** Yes \_\_\_\_\_ No \_\_\_\_\_
8. **Are you the Head of the Household?** Yes \_\_\_\_\_ No \_\_\_\_\_
9. **Are you CURRENTLY:** Employed \_\_\_\_\_ Laid-off \_\_\_\_\_ Retired \_\_\_\_\_  
Unemployed \_\_\_\_\_
10. **Employer's Name & Address:** \_\_\_\_\_  
\_\_\_\_\_
11. **Source and amount of ALL monthly income?**  
Wages: \$ \_\_\_\_\_ Pension(s): \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_  
Disability Benefits ( Black Lung, etc.): \$ \_\_\_\_\_  
Alimony/Support: \$ \_\_\_\_\_ Public Assistance: \$ \_\_\_\_\_  
Other (Identify): \$ \_\_\_\_\_

12. TOTAL Monthly Income (from above): \$ \_\_\_\_\_

13. List below the names of persons dependent upon you or living with you and their relationship to you.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Monthly Income</u>	<u>Where Employed</u>

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

\_\_\_\_\_

15. Give names and addresses of at least two (2) persons (not related to you) who are familiar with your circumstances:

\_\_\_\_\_

I certify, UNDER PENALTY OF LAW, that the above information is true and correct, and WILL HAVE THIS PAPER NOTARIZED.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Date

Seal:

Caution: Any person who knowingly makes any incomplete, false or fraudulent return, or attempts to do anything whatsoever to avoid full disclosure shall, upon conviction therefore, before any Justice of the Peace, alderman or Magistrate or Court of Copetent Jurisdiction, in the County in which the political subdivision imposing the tax is located may be sentenced to pay a fine of not more than five hundred (\$500.00) dollars for each offense and costs, and in default of payment of said fine and costs to be imprisoned for a period not exceeding 30 days.

\*\*\*\*\*

FOR OFFICIAL USE ONLY:

Date: \_\_\_\_\_

TOTAL ANNUAL INCOME: \$ \_\_\_\_\_

Approved: \_\_\_\_\_

Rejected: \_\_\_\_\_

SHENANDOAH VALLEY SCHOOL DISTRICT  
805 WEST CENTER STREET, SHENANDOAH, PA 17976

CLAIM FOR EXEMPTION FROM  
OCCUPATION TAX

\$50.00

LEVIED BY THE SHENANDOAH VALLEY SCHOOL DISTRICT

I, \_\_\_\_\_, of WEST MAHANOY TOWNSHIP  
(print name) (borough/township)

\_\_\_\_\_  
(address)

Hereby claim exemption from the occupation tax imposed by the Shenandoah Valley School District for the following reason:

**INCOME LIMIT NOT TO EXCEED \$5,000.**

(Check One)

- \_\_\_\_\_ I am a housewife, and I do not have an occupation at this time and I do not anticipate that I will have an occupation at any time during the remainder of the present school year.
- \_\_\_\_\_ I am retired, and I do not have an occupation at this time and I do not anticipate that I will have an occupation at any time during the remainder of the present school year.
- \_\_\_\_\_ I am not retired or a housewife, but my total income from gainful employment in an income producing occupation will not exceed \$5,000.
- \_\_\_\_\_ I am a full-time college student and my total income from gainful employment in an income producing occupation will not exceed \$5,000.

I am aware that I have a duty to inform the School District or Tax Collector immediately if I acquire an occupation any time hereafter. I am also aware that this claim is only valid for the present school year and that I must file a similar claim each year in order to remain exempt from the occupation tax of \$50.00.

I verify that the statements made in this claim are true and correct. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

SHENANDOAH VALLEY SCHOOL DISTRICT  
**SENIOR CITIZEN PERMANENT EXONERATION  
PER CAPITA TAXES**

**NOTE:** You must be 70 years old, PRIOR to July 1st in the year you are filling in order to be permanently exonerated from paying this tax. **PROOF OF AGE IS REQUIRED!**

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

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

In order to receive consideration, EVERY question MUST be answered.

1. Date of Birth \_\_\_\_\_  
(Provide proof: i.e., Birth or Baptismal certificate, etc.)
2. Marital Status:      Single \_\_\_\_\_ Married \_\_\_\_\_ Widow \_\_\_\_\_  
                                    Widower \_\_\_\_\_ Divorced \_\_\_\_\_
3. Number of persons in your household: \_\_\_\_\_  
Please list names and ages: \_\_\_\_\_

\_\_\_\_\_

4. Do you own or rent the property in which you live?      Own \_\_\_\_\_ Rent \_\_\_\_\_
5. Do you own any other real estate?                              Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are you the HEAD of the household?                              Yes \_\_\_\_\_ No \_\_\_\_\_

I certify, UNDER PENALTY OF LAW, that the above information is true and correct, and WILL HAVE THIS PAPER NOTARIZED.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
Date

Seal:

**SHENANDOAH VALLEY SCHOOL DISTRICT**

**STUDENT REQUEST FOR ANNUAL EXONERATION FROM PER CAPITA TAXES**

**TO:**            *The Board of Directors of the Shenandoah Valley School District*

*I certify that I am presently a full-time student at \_\_\_\_\_  
and hereby petition you for exoneration from my School Per Capita Taxes for the year  
20 \_\_\_\_ .*

\_\_\_\_\_  
*Name (please print)*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

SHENANDOAH VALLEY SCHOOL DISTRICT  
805 WEST CENTER STREET, SHENANDOAH, PA 17976

CLAIM FOR EXEMPTION FROM  
OCCUPATION TAX

\$50.00

LEVIED BY THE SHENANDOAH VALLEY SCHOOL DISTRICT

I \_\_\_\_\_ of SHENANDOAH  
(print name) (borough/township)

\_\_\_\_\_  
(address)

Hereby claim exemption from the occupation tax imposed by the Shenandoah Valley School District for the following reason:

**INCOME LIMIT NOT TO EXCEED \$5,000.**

(Check One)

- \_\_\_\_\_ I am a housewife, and I do not have an occupation at this time and I do not anticipate that I will have an occupation at any time during the remainder of the present school year.
- \_\_\_\_\_ I am retired, and I do not have an occupation at this time and I do not anticipate that I will have an occupation at any time during the remainder of the present school year.
- \_\_\_\_\_ I am not retired or a housewife, but my total income from gainful employment in an income producing occupation will not exceed \$5,000.
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I verify that the statements made in this claim are true and correct. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature