

ANNUAL APPLICATION FOR THE EXEMPTION FROM PAYMENT

of the
Allentown School District Residence & Per Capita Tax
for individuals 65 years of age or older

TAX YEAR _____

INSTRUCTIONS: Answer all questions fully and correctly. An entry must be made in each item. Show name and address information as it appears on the tax bill.

(1) Full Name of Claimant _____ Date of Birth _____

(2) Mailing Address _____ Apt.# _____ Phone _____

City _____ State _____ Zip Code _____

(3) Status: Single _____ Married _____ (4) Social Security # _____

REPORT MONTHLY INCOME FROM: (INCOME MAY NOT EXCEED \$5,000.00 PER YEAR FROM ALL SOURCES)

Social Security	\$ _____	(including disability benefits)
Pension	_____	
Royalties	_____	
Interest & Dividends	_____	(exclude interest exempt from Federal/State Tax)
Net Rental Income	_____	
Employment	_____	(gross income)
Workers' Compensation	_____	
Unemployment Compensation	_____	
Alimony/Support	_____	(paid either pursuant to Court Order, written agreement or voluntary basis)
Other	_____	(identify)
TOTAL	\$ _____	

SUBMIT: **PROOF OF INCOME FROM EACH SOURCE OF INCOME.** Acceptable proof includes copy of monthly check(s) for Social Security, Pension, etc.; statement from Social Security, Pension Fund re: monthly income due; check stub from employer or statement re: gross income; copy of Federal Income Tax Return for most recent tax year filed.

VERIFICATION: I, the undersigned, hereby certify that all information as herein stated is true and accurate for the tax year stated, and do hereby swear or affirm that the statements made herein are true and correct to the best of my knowledge. I understand this applies to the current tax year only.

DATE: _____ **SIGNATURE:** _____

SUBMIT APPLICATION TO: Berkheimer Tax Administrator
PO Box 25144
Lehigh Valley, PA 18002-5144