

# BROOKVILLE AREA SCHOOL DISTRICT

## REQUEST FOR EXEMPTION

OCCUPATIONAL ASSESSMENT TAX FOR 2018-2019 FISCAL YEAR

**DIRECTIONS TO REQUEST AN EXEMPTION FROM PAYING THE TAX:**

- ✓ SUBMIT THIS FORM BY OCTOBER 31, 2018 FOR BOARD ACTION PRIOR TO PENALTY PERIOD.
  - BY MAIL: BROOKVILLE AREA SCHOOL DISTRICT, PO BOX 479, BROOKVILLE, PA 15825
  - IN PERSON: ADMIN OFFICE, 104 JENKS ST. (Office hours: Monday-Friday, 8:00 am to 3:30 pm)
- ✓ ALL QUESTIONS MUST BE COMPLETELY ANSWERED FOR THE APPLICATION TO BE CONSIDERED.
- ✓ THE SCHOOL DISTRICT WILL NOTIFY BERKHEIMER IF YOUR EXEMPTION IS APPROVED.
- ✓ IF YOU WANT NOTIFIED OF THE BOARD ACTION, INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE.

Name: \_\_\_\_\_

Tax Bill Number: \_\_\_\_\_

Address: \_\_\_\_\_

(Located at the top right of the Berkheimer tax notice.)

Telephone Number: \_\_\_\_\_

Township/Borough: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Check all that apply:

Retired

Homemaker

Active U.S. Military

Unemployed

Clergy for: \_\_\_\_\_

Full-time Student at: \_\_\_\_\_

Moved out of Brookville Area School District to: \_\_\_\_\_

Date the above situation(s) began: \_\_\_\_\_ (Status shall be set for each tax year as of July 1.)

As of July 1, 2018, were you employed full or part-time?

Not employed

Full-time

Part-time

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

- I request the Brookville Area School Board to exempt my Occupational Assessment Tax for the current year and agree to notify the Board should there be any change in the data submitted on this request.
- I understand that a retired person or homemaker must NOT be engaged in any occupation.
- I further understand all information may be verified by the school district and where the applicant no longer qualifies for exemption, the applicant will be responsible for all taxes, penalties, and costs on taxes for which an exemption was granted.
- I hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

Signature: \_\_\_\_\_

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

FOR BOARD USE ONLY:

APPROVED

DENIED

DATE: \_\_\_\_\_

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