MILFORD TOWNSHIP, JUNIATA COUNTY

Per Capita Tax Exoneration Claim

Tax Year: _____

NAME AND ADDRESS

Claimant's Last Name _____ First Name _____ Middle Initial _____ Bill No. _____

Spouse's Last Name _____ First Name _____ Middle Initial _____ Bill No. _____

Street Address _____ Township or Borough _____ Town _____

CHECK REASON FOR EXONERATION AND INCLUDE INFORMATION REQUIRED

Military Service Branch of Military _____
Student School or College _____
Deceased Date of Death _____
Moved from Taxing District _____ _____
New District of Residence Date of Move
Other (Give Details) _____

Low Income (Complete Following – if married, spouse's information must be completed also.
Applicant's Age _____ Spouse's Age _____

A. List Dependents other than Self and Spouse:
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

B. List Real Estate Owned:

Location of Property	Assessed Value
1. _____	4. _____
2. _____	5. _____

C. List all sources of income including wages, pensions, welfare payments, interest, Dividends and other benefits for you and your spouse.

SOURCE	AMOUNT RECEIVED ANNUALLY
Claimant	
1. _____	_____
2. _____	_____
3. _____	_____
SPOUSE	
1. _____	_____
2. _____	_____
3. _____	_____
TOTAL:	_____

I declare that this claim based on low income is true, correct and complete to the best of my knowledge and belief. Income listed on this application is subject to verification by the Juniata County Commissioners.

Claimant's Signature Date Spouse's Signature Date

Signature of Tax Collector Submitting Claim

It is recommended that the Commissioners exonerate this claimant on the basis of the above information, which I believe to be accurate.

_____
_____Signature of Tax Collector