Mount Pleasant Area School District

APPLICATION FOR EXONERATION OF PER CAPITA TAX

IF YOU QUALIFY, APPLICATION WILL ONLY BE ACCEPTED UNTIL DECEMBER 31

FOR THE YEAR, JULY 1, _____ TO JUNE 30, _____

BY RESOLUTION of the Mount Pleasant Area Board of School Directors, exoneration will be considered when proof has been submitted that the assessed person has an annual income from all sources that does not exceed $5,000.00 per year; a married couple whose income from all sources that does not exceed $8,000.00 per year; or any cases involving extreme hardships. The following questions must all be answered and submitted to the Board of School Directors before action will be taken on any request for exoneration.

All information shall be strictly confidential

COMPLETE THIS FORM AND RETURN IT TO YOUR TAX COLLECTOR AT THE FOLLOWING ADDRESS:

TAX COLLECTOR: _____

ADDRESS: _____

1) Name of Applicant: _____ SS# _____-_____- _____

Address _____ Age _____

Spouse's Name _____ SS# _____-_____- _____

Address _____

2) College now attending (if applicable) _____

Anticipated date of graduation _____

3) Name of Employer _____

Address of Employer _____

4) Yearly income $_____

5) Sources of Income (including pension, rent, dividends, etc.) _____

_____

6) List other assets (bank accounts, stocks, bonds, etc.) _____

_____

7) List any health problems _____

_____

8) List all real estate owned _____

_____

Location and assessment value _____

_____

I AUTHORIZE THE MOUNT PLEASANT AREA SCHOOL BOARD OR ITS AGENT TO CHECK AND CONFIRM ANY AND ALL SOURCES OF MY INCOME.

Signature _____ Date _____