

NESHAMINY SCHOOL DISTRICT

REQUEST FOR EXONERATION OF PER CAPITA TAX

I am requesting exoneration for one of the following reasons:

☐ Death During the Tax Year – Taxable resident who dies during the billing year

-Attach a copy of Death Certificate

☐ Non-Resident who moved prior to billing tax year

-Attach proof of lease/settlement agreement, mortgage statement, utility bill, bank or credit card statement

☐ Low Income – Resident whose total income from all sources is less than \$5,000.

-Attach proof of income

NAME: _____ **ACCOUNT NUMBER:** _____

ADDRESS: _____ **TAX YEAR:** _____

SIGNATURE OF PERSON REQUESTING EXONERATION: _____

DATE: _____

RETURN COMPLETED FORM TO:

HAB-DLT
PO BOX 25149
LEHIGH VALLEY, PA 18002

EMAIL: eDLT@goberk.com