DUE-AUGUST 23, 2021         Select:         Ridgway Borough       Horton Township         Bridgway Township       Spring Creek Township       Bith No. or Tax Notice Number:         Ridgway Township       Spring Creek Township       Include Tax Bill         NAME:	RIDGWAY AREA SCHOOL DISTRICT EXONERATION REQUEST For Occupation and Per Capita taxes for 2021 **All questions must be answered for application to be considered					
Ridgway Borough       Horton Township       Bill No. or Tax Notice Number:         Ridgway Township       Spring Creek Township       *Include Tax Bill         NAME:       Birth Date:       Age:						
NAMF:		□ Horton Township	Bill No. or Tax Not	tice Number:		
ADDRESS:	□ Ridgway Township	Spring Creek Township	*Include Tax Bill			
Select reason for exoneration:       This section MUST be completed         Date Hardship       Date Hardship Began:         Mature of Hardship:       Nature of Hardship:         Hull Time Student       College currently attending:         Military       Branch of Service:         Income Less than \$5,000       Married – income less than \$10,000         Income:       Yes         Are you presently employed full or part time       Yes       No         Company/Employer Name:	NAME:			Birth Date:	Age:	
Select reason for exoneration:       This section MUST be completed         Date Hardship       Date Hardship Began:         Mature of Hardship:       Nature of Hardship:         Hull Time Student       College currently attending:         Military       Branch of Service:         Income Less than \$5,000       Married – income less than \$10,000         Income:       Yes         Are you presently employed full or part time       Yes       No         Company/Employer Name:	ADDRESS:					
□ Hardship       Date Hardship Began:         □ Nature of Hardship:       □         □ Full Time Student       College currently attending:         □ Military       Branch of Service:         □ Income Less than \$5,000       Branch of Service:         □ Income Less than \$10,000       Income:         Married – income less than \$10,000       Full Time □         Income:       Part Time □         Are you presently employed full or part time Yes □ No □       Full Time □         Company/Employer Name:						
□ Full Time Student       College currently attending:         □ Military       Branch of Service:         □ Income Less than \$5,000       Branch of Service:         □ Income Less than \$10,000       Pull Time □ Part Time □         Income:       Yes □ No □       Full Time □ Part Time □         Are you presently employed full or part time       Yes □ No □       Full Time □ Part Time □         Were you employed anywhere during the last year       Yes □ No □       Company/Employer Name:		ration:		ompleted		
Image: State of Service:         Income Less than \$5,000         Married - income less than \$10,000         Income:         Are you presently employed full or part time       Yes       No       Full Time       Part Time         Were you employed anywhere during the last year       Yes       No       Company/Employer Name:			Nature of Hardship:			
□       Income Less than \$5,000         □       Married – income less than \$10,000         Income:       Are you presently employed full or part time Yes □ No □       Full Time □ Part Time □         Were you employed anywhere during the last year Yes □ No □       Company/Employer Name:	□ Full Time Student		College currently attending	ng:		
□ Married – income less than \$10,000         Income:         Are you presently employed full or part time       Yes       No       Full Time       Part Time         Were you employed anywhere during the last year       Yes       No       Company/Employer Name:	□ Military		Branch of Service:			
Are you presently employed full or part time       Yes       No       Full Time       Part Time         Were you employed anywhere during the last year       Yes       No       Company/Employer Name:						
Income from occupation for the calendar year July 1, 2020 through June 30, 2021  All other income sources (i.e. interest, pensions, unemployment, social security)  TOTAL INCOME  I request the Ridgway Area School Board to exempt/adjust my Occupation/Per capita Taxes in the amount of (Face Value)  I request the Ridgway Area School Board to exempt/adjust my Occupation/Per capita Taxes in the amount of (Face Value)  L request the Ridgway Area School Board to exempt/adjust my Occupation/Per capita Taxes in the amount of (Face Value)  L request the Ridgway Area School Board to exempt/adjust my Occupation/Per capita Taxes in the amount of (Face Value)  L request the Ridgway Area School Board to exempt/adjust my Occupation/Per capita Taxes in the amount of (Face Value)  L request the Ridgway Area School Board to exempt/adjust my Occupation/Per capita Taxes in the annount of (Face Value)  L request the Ridgway Area School Board to exempt/adjust my Occupation/Per capita Taxes in the annount of (Face Value)  L request the Ridgway Area School Board to exempt/adjust my Occupation/Per capita Taxes in the annount of (Face Value)  L request the Ridgway Area School Board to exempt/adjust my Occupation/Per capita Taxes in the annount of (Face Value)  L request the request and agree to notify the board should there be any change in the data submitted on this request.  I declare that I have TOTAL INCOME FOR ALL SOURCES of less than \$5,000 a year filing single or \$10,000 filing jointly. I also understand that I must report any changes in employment to the Ridgway Area School District. Income limits do not apply in cases of hardship, student or military exemptions.  I further understand that all information CAN BE VERIFIED by the school district or its appointed tax service agency and where the applicants no longer qualified for exemption, the applicant will be responsible for all the penalties, and costs on taxes for which an exemption was granted.  I verify all statements made in this request are true and correct. I understand tha	Are you presently emplo Were you employed any	where during the last year Y	fes 🗌 No 🗆		Part Time 🗆	
S	Address:		Address:			
\$\$	\$		-			
S	*		bloyment, social security)			
§ for the year and agree to notify the board should there be any change in the data submitted on this request. I declare that I have TOTAL INCOME FOR ALL SOURCES of less than \$5,000 a year filing single or \$10,000 filing jointly. I also understand that I must report any changes in employment to the Ridgway Area School District. Income limits do not apply in cases of hardship, student or military exemptions. I further understand that all information CAN BE VERIFIED by the school district or its appointed tax service agency and where the applicants no longer qualified for exemption, the applicant will be responsible for all the penalties, and costs on taxes for which an exemption was granted. I verify all statements made in this request are true and correct. I understand that false statements herein are made subject to the			TOTAL INCOME			
	<pre>\$ for the year I declare that I have TOT also understand that I mu cases of hardship, studen I further understand that the applicants no longer</pre>	and agree to notify the control of the contr	he board should there be an JRCES of less than \$5,000 byment to the Ridgway Are IFIED by the school distric	y change in the d a year filing singl a School District. t or its appointed	ata submitted on this request. le or \$10,000 filing jointly. I . Income limits do not apply in tax service agency and where	
					erein are made subject to the	

Signature:

Date:

SUBMIT THIS FORM ON OR BEFORE: <u>August 23, 2021</u> Be sure to include tax bill and a stamped self-addressed envelope with your form. MAIL TO: Ridgway Area School District, Attn: Board Secretary, P.O. Box 447, Ridgway, PA 15853

Only forms submitted with a stamped return envelope will receive notification of the action of the school board after their September 2021 meeting. Tax collectors do receive notifications of all exonerations, exemption or adjustments.