

UPPER PERKIOMEN SCHOOL DISTRICT

Application for Per Capita Tax Exemption

TAX COLLECTOR: _____

TAX YEAR: _____

MUNICIPALITY: _____

BILL NUMBER: _____

I hereby petition exemption by the Board of School Directors from payment of school Per Capita taxes for the 20____ tax year. (Tax exemption base-income from all sources, including Social Security, Retirement, VA Benefits & Governmental Assistance (Welfare), is less than \$10,000 per applicant.)

This request must be accompanied with documentation to verify income claims. Please provide one or more of the following:

- A copy of your most recent **State Tax Return**.
- A statement of benefits from your SSI, Retirement, VA Benefits or other government assistance.
- Copies of your benefit check stubs.
- Copy of your Local Earned Income Tax filing.

NAME: _____

SOCIAL SECURITY NO: _____

ADDRESS: _____

BIRTH DATE: _____ AGE: _____

TELEPHONE NO: _____

Under penalties of perjury, I declare that I have examined the request for exemption and to the best of my knowledge and belief, along with the attached documentation; it is true, correct and complete. Further I agree to notify the Upper Perkiomen School District immediately about any increase in my income or resources.

APPLICANT SIGNATURE: _____ DATE: _____

YOU MUST COMPLETE ALL INFORMATION AND INCLUDE DOCUMENTATION IN ORDER TO RECEIVE CONSIDERATION.

THIS FORM WILL NOT BE ACCEPTED AFTER NOVEMBER 15

TAX COLLECTOR: _____ DATE: _____

UPPER PERKIOMEN SCHOOL BOARD ACTION: _____ APPROVED _____ DISAPPROVED

BOARD SECRETARY: _____ DATE: _____