

RETURN TO:
BUTLER AREA SCHOOL DISTRICT
110 Campus Lane
Butler, PA 16001
ATTN: Nicholas D. Morelli
E-MAIL: nick_morelli@butler.k12.pa.us

**SCHOOL PER CAPITA TAX
EXONERATION REQUEST**

Due Date: September 30, 2018

Fall Tax Notice for 2018

SECTION I - ADDRESS

1. NAME _____ DATE: _____
2. PERMANENT ADDRESS _____
3. ADDRESS ON TAX NOTICE (IF DIFFERENT FROM PERMANENT) _____
4. PHONE NUMBER _____
5. TAXING DISTRICT: Butler Township Center Township City of Butler Clearfield Township
 Connoquenessing Borough Connoquenessing Township East Butler Borough Oakland Township Summit Township

SECTION II - INCOME

6. ARE YOU EMPLOYED? YES NO
- 6a. ARE YOU RECEIVING SOCIAL SECURITY OR PUBLIC ASSISTANCE? YES NO If yes, list monthly amount \$ _____
Please provide your annual Benefit and/or SSI payment letter issued from the Social Security Administration
- 6b. TOTAL YEARLY INCOME FROM ALL SOURCES: \$ _____



IF YOU HAVE INCOME \$10,000 OR MORE DURING 2017. YOU DO NOT QUALIFY FOR EXEMPTION.
A COPY OF YOUR MOST CURRENT W2(s) IS REQUIRED.

(If your income less than \$10,000, please proceed to Section III)

SECTION III - (In addition to income requirements, you must also satisfy at least ONE of the following)

7. REASON FOR EXONERATION (Please check all that apply)
- 65 YEARS OF AGE
- MENTALLY HANDICAPPED
- LIVING IN NURSING HOME
- PHYSICALLY DISABLED AND UNABLE TO WORK (Please list disability below)
- ACTIVE IN MILITARY SERVICE
- WIDOW OR WIDOWER OVER 50 YEARS OF AGE
- FULL-TIME STUDENT- SCHOOL ATTENDING _____
-Please provide proof of full-time enrollment (schedule or bill)

DESCRIPTION OF HANDICAP OR DISABILITY (IF APPLICABLE) _____

I hereby declare that all statements made in this request are true and correct to the best of my knowledge, I have read and understand that "false" statements made herein are subject to penalties of the 18 PA. C.S.A. Section 4904, relating to unsworn falsification to authorities and is grounds for prosecution. The School District reserves the right to independently verify all statements made herein.

DATE _____ APPLICANT SIGNATURE _____

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

APPLICATION APPROVED _____ APPLICATION DISAPPROVED _____ SIGNATURE _____ DATE _____