

**DO NOT RETURN THIS FORM TO
THE TAX COLLECTOR**

**TOWNSHIP PER CAPITA
TAX EXONERATION
REQUEST**

Due Date: June 30, 2021

No requests will be accepted after this date

RETURN TO:

BUTLER TOWNSHIP
290 SOUTH DUFFY ROAD
BUTLER, PA 16001
ATTN: TOWNSHIP MANAGER

FOR 2021 TAXES

SECTION I – ADDRESS

NAME _____ DATE _____

D/M/P # (near bottom of your tax bill) 051-PRCAP- _____

ADDRESS _____

PHONE NUMBER _____

SECTION II – INCOME

ARE YOU EMPLOYED? ____ YES ____ NO

ARE YOU RECEIVING SOCIAL SECURITY OR PUBLIC ASSISTANCE? ____ YES ____ NO
IF YES, LIST MONTHLY AMOUNT \$ _____

TOTAL YEARLY INCOME FROM ALL SOURCES: \$ _____



**IF YOUR TOTAL INCOME WAS MORE THAN \$10,000 DURING 2020, YOU DO NOT
QUALIFY FOR EXEMPTION, AND YOU DO NOT SUBMIT THIS FORM.**

(If your income is 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)

REASON(S) FOR EXONERATION (Please check all that apply)

____ 65 YEARS OF AGE OR OLDER

____ PERSON WITH MENTAL DISABILITIES

____ LIVING IN NURSING HOME

____ PHYSICALLY HANDICAPPED AND UNABLE TO WORK

DESCRIPTION OF HANDICAP _____

____ ACTIVE IN MILITARY SERVICE

____ WIDOW OR WIDOWER OVER 50 YEARS OF AGE

____ FULL-TIME STUDENT SCHOOL ATTENDING _____

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 un-sworn falsification to authorities and is grounds for prosecution. The Township 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 _____