

PER CAPITA EXONERATION REQUEST FORM

Board of Directors - Bellwood-Antis School District
Supervisors - Antis Township

Gentlemen:

I hereby petition for exoneration of the local tax collector from collecting my per capita tax for the school year 20 ____ - ____ for the following reason: (check one)

- _____ I was 70 years of age or older as of July 1.
- _____ I was 17 years of age or younger as of July 1.
- _____ I am on active duty with the Armed Forces.
- _____ I am a full-time student attending post-secondary school.
- _____ Because of my financial inability to pay.

Full Name _____

Age (as of July 1) _____

Spouse _____

Antis Township or Bellwood Borough
(Circle one)

Address _____

Sex _____ Marital Status _____

Phone _____

List by name and relationship all other persons living in the same household:

Do you own your own home? _____ Other property? _____ Do you rent? _____

I contribute to the support of the following persons (if different from above): _____

The following persons contribute to my (our) support (identify person(s) and amount of support):

Income received other than cash. Explain: _____

	Applicant	Spouse
Name of employer _____ (List of amounts per month)		
Wages	_____	_____
Odd Jobs or other income	_____	_____
Pensions	_____	_____
Social Security	_____	_____
Public Assistance	_____	_____
Interest (all)	_____	_____
Rental	_____	_____
Other	_____	_____

Also, I think the following information is pertinent: _____

I hereby certify that I have completed the foregoing questionnaire and fully understand the questions and provisions of the same and that the information given is true and correct.

_____ Date

_____ Signature

Signature of Tax Collector

THIS FORM MUST BE FILED EACH YEAR YOU REQUEST EXONERATION BASED ON THE GUIDELINES!
NO JOINT FORMS, EACH PERSON MUST FILE A SEPARATE FORM!
GUIDELINES ON OTHER SIDE