

Mail Completed Form To:  
**PO Box 519**  
**IRWIN PA 15642**  
FAX: 1-412-927-3634

**PER CAPITA TAX**  
**EXEMPTION APPLICATION**  
**BETHLEHEM AREA SCHOOL DISTRICT**



*Exemption from tax is applicable to the current tax year. You must file exemption application each year you receive a tax bill.*

Name \_\_\_\_\_ Account # \_\_\_\_\_  
(as indicated on bill)

Address \_\_\_\_\_ Invoice # \_\_\_\_\_  
\_\_\_\_\_ SSN \_\_\_\_\_

Phone \_\_\_\_\_ Tax Year \_\_\_\_\_

☐ Moved  
Previous address \_\_\_\_\_ Current address \_\_\_\_\_  
\_\_\_\_\_ Move-out date \_\_\_\_\_ Move-in date \_\_\_\_\_

*If you moved out of the School District before July 1 of the subject tax year, please provide proof of residence (such as a copy of a lease, deed, or utility bill) dated before July 1.*

☐ Temporarily residing outside the School District but maintaining residence therein *(provide documentation)*

☐ Age Exemption  
Date of birth \_\_\_\_\_  
*Under age 18 or over age 65 on July 1 of the subject tax year. (Provide copy of birth certificate or valid driver's license.) If over age 65, you must also meet the income exemption (below).*

☐ Deceased  
Date of death \_\_\_\_\_  
*If taxpayer deceased before July 1 of the subject tax year, provide copy of death certificate or obituary*

☐ Income Exemption  
Annual income \_\_\_\_\_  
*May not exceed \$10,000 from all sources, which includes (but is not limited to): combined income from wages, salary, fees, pensions, Social Security, public assistance, commissions, gross business income, rents, royalties, dividends, alimony or separate maintenance payments, annuities, income from estates or trusts, deferred compensation. Provide documentation. For example: W-2; 1099; PA-40; Schedule(s) C, E, F, and/or RK-1; Social Security Benefit Statement; Current Public Assistance Benefits Statement.*

☐ Disabled *Provide physician's verification. You must also meet the income exemption (above).*

☐ Full-Time Student *As of July 1. Provide college records showing 12 or more credit hours per semester.*

☐ Active-Duty Military *Provide copy of orders indicating deployment date.*

☐ Nursing Home Resident *Provide letter from facility indicating permanent residency.*

**I declare under penalty of law that the information stated here and submitted with this form is true and correct. I understand and acknowledge that the information I provide with this application is subject to verification and audit at any time.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*