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

PER CAPITA TAX EXEMPTION APPLICATION



This universal application form may be used by a PA taxpayer whose community has adopted one or more tax exemptions. Exemption from tax is applicable to the current tax year only. You must file exemption application each year you receive a tax bill.

| | | School Distric | t or Municipality | |
|---------|--|--|--|--|
| Name | | | Account # | (as indicated on bill) |
| Address | | | Tax Year | |
| | | | SSN | |
| Phone | | | Occupation | |
| | Moved Previous address | | Current address | |
| | Move-out date | ovide copy of lease, deed or uti | Move-in date lity bill covering above dates | |
| | Age Exemption Date of birth | | | ted an age exemption, you must meet by your community. Provide copy of er's license. |
| | Deceased Date of death | | Provide copy of death certific | cate or obituary |
| | sources includes (but is not lissupport, alimony or separate | ed an income exemption, you m mited to): wages, salary, fees, o maintenance payments, milita | ust meet the requirements established commission, gross business income, pory pay, unemployment compensation, ion. For example: W-2; PA-40; Schedu | ension, Social Security, TANF, child interest, rents, royalties, dividends, |
| | nder penalty of law that the | included on your tax bill that is e information stated here a | not listed on this form (write exemption and submitted with this form is a subject to verification and au | true and correct. I understand and |
| | | ure of Applicant | | ate |