

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

# PER CAPITA TAX

## EXEMPTION APPLICATION

### NORTHAMPTON AREA SCHOOL DISTRICT



*Exemption from tax is only applicable to the current tax year. You must file a separate exemption application each year, as needed.*

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

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

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

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.*

Moved

Previous address \_\_\_\_\_

Current address \_\_\_\_\_

Move 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.*

Disabled Veteran

*Any resident or inhabitant who served in any war or armed conflict in which the United States was engaged and was honorably discharged or released under honorable circumstances from active service shall be exonerated from the payment of Per Capita Tax if as a result of military service the person is blind, paraplegic or double or quadruple amputee or have a service related disability declared by the United States Veterans Administration to be a total or 100% permanent disability, and if the State Veterans' commission determines that such person is in need of a tax exemption from the payment of real estate taxes. Please provide proof of determination of 100% permanent disability by the United States Veterans Administration and determination from the State Veterans' commission of exemption from payment of real estate taxes.*

Deceased

Date of death \_\_\_\_\_ *If taxpayer deceased before July 1 of the subject tax year.*

**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*