

**BETHLEHEM AREA SCHOOL DISTRICT**  
**APPLICATION FOR PER CAPITA TAX EXONERATION**  
TAX YEAR 20\_\_\_\_\_

**INSTRUCTIONS:** Answer all questions fully and accurately.  
Incomplete forms and/or lack of supporting documentation may result in denial of exoneration.

NAME: \_\_\_\_\_ Account # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ Invoice # \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_ Phone # \_\_\_\_\_  
REASON FOR EXONERATION: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**PERMITTED REASONS FOR EXONERATION**

**Annual Exonerations:**

Taxpayer ***must reapply for each year*** that the exoneration applies.

- \_\_\_\_ 1. Under the age of 18 on July 1. Proof of Age must be included.
- \_\_\_\_ 2. Active Military Service as of July 1. Provide copy of orders indicating deployment date.
- \_\_\_\_ 3. Full-time student as of July 1. Provide college records showing 12 or more credits per semester.
- \_\_\_\_ 4. Temporarily residing outside of the District but maintaining a residence in the District. Provide legal document.
- \_\_\_\_ 5. Permanently disabled as of July 1 **AND** your income is less than \$10,000 annually. Provide physician's verification and proof of income.
- \_\_\_\_ 6. Age 65 or older as of July 1 **AND** your income is less than \$10,000 annually. Provide proof of age and income.

**EXONERATION REQUESTS BASED ON INCOME MUST BE SUBMITTED WITH PROOF OF INCOME.**

Annual income from **ALL SOURCES** must not exceed \$10,000. This includes your combined income from Salaries/Wages, Pension, Social Security, Investments, Public Assistance, Dividends/Interest, etc.

Please include the following as applicable:

- Latest Income Tax Return – State or Local, if supporting documentation is provided
- Latest Social Security Benefit Statement
- Current Public Assistance Benefits

List additional information on a separate sheet which you believe will support your claim for exoneration.

**Permanent Exonerations:**

- \_\_\_\_ 7. Permanent Resident in a Nursing Home. Provide letter from facility indicating permanent residency.
- \_\_\_\_ 8. Non-resident as of July 1. Proof of permanent residence required. i.e.: Phone bill, Utility bill, etc. Must be dated prior to July 1.
- \_\_\_\_ 9. Deceased. Date of Death:\_\_\_\_\_ Provide Death Certificate or Obituary.

I, \_\_\_\_\_, hereby swear (or affirm) that the above information is true and correct to the best of my knowledge and belief, and any misinformation stated above shall cause my exoneration to be void.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form and required documents of proof to:**

**Keystone Collections Group**  
**P.O. Box 519**  
**Irwin, PA 15642**