



KEYSTONE  
collections group

546 Wendel Road, Irwin, PA 15642

**LEBANON COUNTY SCHOOL DISTRICTS**  
Per Capita Tax  
Exemption Request Form

District: \_\_\_\_\_

Name: \_\_\_\_\_

Account: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Tax Year: \_\_\_\_\_

Under penalties of perjury, I hereby certify that the information provided below is true and correct.

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

Reason for Exemption Request:

\_\_\_\_ Individual with an income of \$10,000.00 or less.

\_\_\_\_ Individual 65 years of age or older by July 1 of the subject tax year. Date of birth: \_\_\_\_\_.

\_\_\_\_ Individual under the age of 18 as of July 1 of the subject tax year. Date of birth: \_\_\_\_\_.

\_\_\_\_ Individual residing in a skilled nursing care center.

\_\_\_\_ Individual who moved out of the District prior to July 1 of the subject tax year.

\_\_\_\_ Individual deceased prior to July 1 of the subject tax year.

\_\_\_\_ Individual who is active duty military personnel during the subject tax year.

\_\_\_\_ Individual who is permanently disabled.

\_\_\_\_ Individual who is a member of the clergy.

Applicants may be required to furnish additional information to clarify, verify or add to this application.  
Applicant may be requested to furnish a copy of his or her PA income tax return.

OFFICE USE ONLY

Request received by: \_\_\_\_\_ (initial)

Date Received: \_\_\_\_\_

Exemption: GRANTED / REFUSED

Date: \_\_\_\_\_