

**SPRING-FORD AREA SCHOOL DISTRICT  
APPLICATION FOR EXONERATION OF PER CAPITA TAXES**

I hereby request that my Tax Collector be exonerated from collecting the Per Capita Taxes which have been billed to me, and in support of my request, I voluntarily submit the following information.

1. My full name is \_\_\_\_\_ Age \_\_\_\_\_
2. My residence is \_\_\_\_\_
3. I am:  Married  Single 4. Spouse's full name \_\_\_\_\_
5. My spouse and I have received the following TOTAL INCOME:

- |  |          |
|--|----------|
| A. Total Wages   | \$ _____ |
| B. Total Social Security and/or Railroad Retirement Benefits | \$ _____ |
| C. Total Pensions and Annuities                              | \$ _____ |
| D. Total Interest, Dividends & Capital Gains                 | \$ _____ |
| E. Total Rental Income                                       | \$ _____ |
| F. Total Business Income                                     | \$ _____ |
| G. Total Public Assistance                                   | \$ _____ |

Total Income \$ \_\_\_\_\_

**Allowable Income Exonerations:**

- |                                 |      |          |
|---------------------------------|------|----------|
| Less SSI Payment                | Less | \$ _____ |
| Less Disability Insurance       | Less | \$ _____ |
| Less Social Security Disability | Less | \$ _____ |

NET INCOME \$ \_\_\_\_\_

**Other Types of Exonerations**

6. Military Service: Branch \_\_\_\_\_ Station & Term of Location \_\_\_\_\_
7. Deceased: Date of death \_\_\_\_\_
8. Taxpayer has received duplicate billing \_\_\_\_\_
9. Moved to another school district prior to July 1 \_\_\_\_\_
10. Paid Per Capita Tax elsewhere for year tax is due (receipt required) \_\_\_\_\_
11. Taxpayer is under 18 years of age as of July 1 (list birthdate) \_\_\_\_\_

**I/WE SWEAR/AFFIRM AND DECLARE UNDER PENALTIES OF PERJURY THAT ALL OF THE FOREGOING STATEMENTS ARE TRUE.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse (if applicable)

This form must be submitted to your Tax Collector by November 15. Please note that the mere filing of this form does not entitle you to an exemption. You will be notified by the School District if this Application has not been granted.

**PLEASE NOTE: Any person with an individual income of less than (\$12,000) TWELVE THOUSAND DOLLARS and, if married, a joint income of less than (\$24,000) TWENTY-FOUR THOUSAND DOLLARS is eligible. "Income" includes money received from all sources.**

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Approved  OFFICIAL USE ONLY Not Approved

Date \_\_\_\_\_

Administrator \_\_\_\_\_

No. \_\_\_\_\_

Spring-Ford Area S.D. \_\_\_\_\_