

CORRY AREA SCHOOL DISTRICT
PER CAPITA TAX EXONERATION APPLICATION

APPLICATION MUST BE SUBMITTED BY SEPTEMBER 1

PLEASE DO NOT SEND YOUR TAX BILL

Return to: CASD Administration Office ATTN: Per Capita - 540 E Pleasant St - Corry PA 16407

Contact: 814-664-4677 Option 1 and ask for the Per Capita Clerk

YEAR: _____

1. APPLICANT INFORMATION:

NAME: _____ AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____

2. CIRCLE WHERE YOU LIVE:

SPRING CREEK TWP COLUMBUS TWP CONCORD TWP CITY OF CORRY
SPARTA BORO SPARTA TWP ELGIN WAYNE TWP

3. REASON FOR APPLYING: (Check only one)

_____ **AGE** If you are 66 or over on July 1st of the application year, check here. **YOU MUST ATTACH PROOF OF AGE** (ie., copy of birth certificate, driver's license, etc.) and go to #4. No income information needed.

OR

_____ **INCOME** If you made **LESS THAN \$12,000** last year, check here. **YOU MUST ATTACH PROOF OF INCOME.** (ie., copy of tax return, copy of W-2, copy of a determination letter from Social Security, etc.) Fill in the appropriate box below and go to #4.

*If income = \$0 you MUST attach a signed sworn verification and have it NOTARIZED.

Income From:	Per Month:	Per Year:
EMPLOYMENT	\$ _____	\$ _____
SOCIAL SECURITY	\$ _____	\$ _____
PENSIONS	\$ _____	\$ _____
PUBLIC ASSISTANCE	\$ _____	\$ _____
INTEREST	\$ _____	\$ _____
OTHER	\$ _____	\$ _____

NOTE: Form must be filled out every year for exoneration based on your income.

4. READ AND SIGN:

The undersigned hereby swears, subject to the penalties of perjury, that the facts set forth above are complete, true and correct.

****PARENT MAY SIGN FOR ABSENT STUDENT****

X _____ DATE: _____

OFFICE USE ONLY

Approved _____ Disapproved _____ Reason _____
Date _____ Board Approval Date _____