

APPLICATION FOR ABATEMENT OF PER CAPITA TAXES

Return this form to:
Northern Lehigh School District
1201 Shadow Oaks Lane
Slatington, PA 18080

Municipality _____

On or before December 31st

School Tax Year _____ Tax Bill # _____

(THIS APPLICATION WILL NOT BE CONSIDERED UNLESS ALL QUESTIONS ARE ANSWERED AND THE AFFIDAVIT COMPLETED. Any fraudulent or intentional misstatement of fact is a third degree misdemeanor under 18 C.P.S.A Section 4904(b) and will subject the applicant to penalties provided by law therefore, including arrest, imprisonment and payments of fine and costs.)

I hereby petition the School Board for abatement from my per capita taxes for the School Tax Year 20__ - ____ for the reason(s) checked below:

- Insufficient funds or income. (FILL IN FINANCIAL STATUS FORM BELOW.)
- The taxes for this Tax Year have been paid. TO: _____
- The taxes for this Tax Year are a duplication.
- I am a minor. (Age: _____ Date of Birth: _____)
- I am **actively deployed in** military service.

Signature _____
(Applicant)

Street Address _____ Municipality _____

FINANCIAL STATUS OF APPLICANT FOR ABATEMENT

(If the reason given above is "Insufficient funds or income", this section must be answered if consideration is expected.)

1. Age _____ Date of Birth _____ Male Female
2. Marital status: Single Married* Divorced Widowed
*If married each person must submit an application showing only his/her income).
3. Do you own the property in which you live? Yes No
If you own the property:
(a) What is the assessed valuation of the property? _____
(b) Do you rent or sublet any part of this property? _____
4. If you answered no to question #3, do you rent the property in which you live? Yes No
5. Do you own any other real estate? _____
6. Are you employed? Yes No
If yes, give employer's name and address:

7. Are you retired? Yes No

(over)

8. STATEMENT OF INCOME: (All income received by the applicant for the tax year designated must be shown. Show only your portion. Do not combine income with anyone else.)

ALL INCOME SHOWN IS FOR THE TAX YEAR 20_____.

Annual income from Social Security	\$ _____
Annual income from Disability	\$ _____
Annual income from Pension	\$ _____
Annual income from Worker's Compensation	\$ _____
Annual income from Public Assistance	\$ _____
Annual income from Child Support	\$ _____
Annual income from Employment	\$ _____
Annual income from Rents Collected	\$ _____
Annual income from Interest or Dividends	\$ _____
Annual income from Unemployment Compensation	\$ _____
Annual income from Other Sources	\$ _____
TOTAL ANNUAL INCOME	\$ _____

9. Report here any other information not given above which you believe will support your claim for abatement.

AFFIDAVIT

Note: Under 18 C.P.S.A. Section 4904(b), it is a third degree misdemeanor to make a written false statement to a public official.

I herewith affirm that the statements given in this application are true and correct to the best of my knowledge and belief.

Signature of Applicant

The School District may require appropriate documentation prior to granting abatement.

**This application must be postmarked by December 31st for consideration.
You must reapply annually for continued abatement.**