

RETURN TO:  
BUTLER AREA SCHOOL DISTRICT  
110 Campus Lane  
Butler, PA 16001  
ATTN: Christina Craig  
E-MAIL: [exoneration@butler.k12.pa.us](mailto:exoneration@butler.k12.pa.us)

## SCHOOL PER CAPITA TAX EXONERATION REQUEST

Due Date: September 30, 2019  
No requests will be accepted after this date

Fall Tax Notice for 2019

### SECTION I - ADDRESS

1. NAME \_\_\_\_\_ DATE: \_\_\_\_\_
2. PERMANENT ADDRESS \_\_\_\_\_
3. ADDRESS ON TAX NOTICE (IF DIFFERENT FROM PERMANENT) \_\_\_\_\_
4. PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_
5. TAXING DISTRICT:  Butler Township  Center Township  City of Butler  Clearfield Township  
 Connoquenessing Borough  Connoquenessing Township  East Butler Borough  Oakland Township  Summit Township

### SECTION II - INCOME

6. ARE YOU EMPLOYED?  YES  NO **Please provide a copy of your 2018 W-2(s) to prove income amount.**
- 6a. ARE YOU RECEIVING SOCIAL SECURITY OR PUBLIC ASSISTANCE?  YES  NO If yes, list monthly amount \$ \_\_\_\_\_  
**Please provide your annual Benefit and/or SSI payment letter issued from the Social Security Administration**
7. TOTAL YEARLY INCOME FROM ALL SOURCES: \$ \_\_\_\_\_



**IF YOU HAVE INCOME OF \$10,000 OR MORE DURING 2019, YOU DO NOT QUALIFY FOR EXEMPTION.**



(If your income IS less than \$10,000, please proceed to Section III)

### SECTION III - (In addition to income requirements, you must also satisfy at least ONE of the following)

8. REASON FOR EXONERATION (Please check all that apply)
- 65 YEARS OF AGE (COPY OF DRIVER'S LICENSE REQUIRED)
- MENTALLY HANDICAPPED (Please list handicap below)
- LIVING IN NURSING HOME
- PHYSICALLY DISABLED AND UNABLE TO WORK (Please list disability below)
- ACTIVE IN MILITARY SERVICE
- WIDOW OR WIDOWER OVER 50 YEARS OF AGE
- FULL-TIME STUDENT- SCHOOL ATTENDING \_\_\_\_\_  
-Please provide proof of full-time enrollment (Fall 2019 schedule or bill)

DESCRIPTION OF HANDICAP OR DISABILITY (IF APPLICABLE) \_\_\_\_\_  
\_\_\_\_\_

I hereby declare that all statements made in this request are true and correct to the best of my knowledge, I have read and understand that "false" statements made herein are subject to penalties of the 18 PA. C.S.A. Section 4904, relating to unsworn falsification to authorities and is grounds for prosecution. The School District reserves the right to independently verify all statements made herein.

DATE \_\_\_\_\_ APPLICANT SIGNATURE \_\_\_\_\_

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

APPLICATION APPROVED \_\_\_\_\_ APPLICATION DISAPPROVED \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_