

RIVERSIDE BEAVER COUNTY SCHOOL DISTRICT

PER CAPITA TAX EXEMPTION FORM

Persons requesting exemption from the payment of Per Capita Taxes assessed by the Riverside Beaver County School District must complete this form and return it to the Tax Collector's Office by May 1 of the year for which the exemption is requested.

PLEASE PRINT ALL INFORMATION

NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY/STATE/ZIP _____

TOWNSHIP _____ DATE OF APPLICATION _____

1. Tax year for which exemption is claimed: _____
2. Present Age _____ **PROOF OF AGE REQUIRED** and must be presented to the Tax Collector whose submission of this form with signature will serve as verification to the District this requirement was met.
3. Date of Birth _____
4. Are you 70 years of age or older? _____ You must be age 70 by July 1 of the year the exemption is requested.
5. Are you disabled? _____ If yes, list disability and attach medical verification. For permanent disabilities, verification is required only for the first year of application.

6. Is there a reason other than those previously listed why you believe you should be exempt from paying **Per Capita Taxes**? _____ If yes, please list reason, give necessary details, and attach verification.

I affirm that all information given is true and accurate to the best of my knowledge and I understand that false or misleading statement(s) could result in legal action on behalf of the School District. I hereby authorize the release of information pertinent to this application to the Riverside Beaver County School District by any and all agencies from whom such information is requested.

Signature of Applicant

UPON COMPLETION, THIS FORM IS TO BE FORWARDED BY THE TAX COLLECTOR TO THE BOARD SECRETARY NO LATER THAN MAY 10 OF THE YEAR FOR WHICH EXEMPTION IS BEING CLAIMED.

Signature of Tax Collector