

RETURN TO:
BUTLER AREA SCHOOL DISTRICT
110 Campus Lane
Butler, PA 16001
ATTN: Jacob Chapla
E-MAIL: exoneration@basdk12.org

SCHOOL PER CAPITA TAX
EXONERATION REQUEST

Due Date: September 30, 2023
No requests will be accepted after this date

Fall Tax Notice for 2023

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 2022 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, 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 2023 schedule showing credits)

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 _____