

CENTRAL COLUMBIA SCHOOL DISTRICT
REQUEST FOR EXONERATION FROM PER CAPITA TAX

I am requesting exoneration for one of the following reasons:

- Death During Tax Year—Taxable resident who dies during billing year
 - Attach copy of Death Certificate
- Non-Resident—Resident who moved prior to billing tax year
 - Attach proof of lease/settlement agreement, mortgage statement, utility bill, bank or credit card statement
- Retirement Home/Nursing Home—Resident is residing in a Retirement Home/Nursing Home.
 - Attach documentation from the facility
- Low Income—Resident is whose earned income is less than \$10,000 (\$15,000 for married/2 person in household)
 - Attach proof of income

NAME: _____ **ACCOUNT NUMBER:** _____

ADDRESS: _____ **TAX YEAR:** _____

SIGNATURE OF PERSON REQUESTING EXONERATION: _____

DATE: _____

Return Completed form to:

HAB-DLT
PO BOX 25149
Lehigh Valley, PA 18002

Email: eDLT@goberk.com