

**CRANBERRY AREA SCHOOL DISTRICT**  
**REQUEST FOR EXONERATION OF PER CAPITA TAX**

I am requesting exoneration for one of the following reasons:

- Death During the Tax Year—Taxable resident who dies during the 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
- Resident of Nursing Home—Taxpayer who is a resident of a nursing home prior to the billing tax year
  - Attach documentation from facility
- Retired/Homemaker—Taxpayer is either retired or a Homemaker and has an earned income of less than \$5,000.
  - Attach documentation

**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