

**NESHAMINY 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 a 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
  
- Low Income—Resident whose earned income is less than \$5,000.  
-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