

**NORTHERN YORK COUNTY SCHOOL DISTRICT
APPLICATION FOR EXEMPTION OF SCHOOL PER CAPITA TAXES**

INSTRUCTIONS

This form must be submitted for each school tax year. Return the completed application and a stamped self addressed envelope to the School District. Do not submit the form to your tax collector. Exemption requests will NOT be accepted after December 1 of that tax year.

Resident of _____ (Township or Borough) For Tax Year _____

Name _____ SS# _____

Address _____ Zip _____

Phone Number _____

ELIGIBILITY: The Northern York County School District shall at times allow exemptions of per capita taxes levied when such exemptions meet the criteria established in Board policy, please see *Criteria for Exemption*. The School Board will act upon properly completed exemption applications based on the following information. Incomplete or incorrectly filed applications will be returned to the taxpayer for corrections. Corrected forms must be received by the school district by December 1. Once the school board determines eligibility a letter will be sent confirming acceptance or denial.

ALL SOURCES OF INCOME FOR PAST YEAR MUST BE INCLUDED

(All applicants MUST complete this section) Please state if figures are annual or monthly.

Salary or Wages \$ _____

Public Assistance (food stamps, etc.) \$ _____

Unemployment \$ _____

Worker's Comp \$ _____

Self-Employment \$ _____

Social Security \$ _____

Alimony/Child Support \$ _____

Rental Income \$ _____

Pensions \$ _____

Interest and Dividends \$ _____

Disability \$ _____

Other Income (explain) \$ _____

TOTAL INCOME \$ _____

I HEREBY AFFIRM THAT THE STATEMENTS GIVEN IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Signature of Applicant)