

CORRY AREA SCHOOL DISTRICT
PER CAPITA TAX EXONERATION APPLICATION

APPLICATION MUST BE SUBMITTED BY SEPTEMBER 1

PLEASE DO NOT SEND YOUR TAX BILL

Return to: CASD Administration Office ATTN: Per Capita - 540 E Pleasant St - Corry PA 16407

Contact: Lynette Willis 814-664-4677 x 1206

YEAR: _____

1. APPLICANT INFORMATION:

NAME: _____ AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____

2. CIRCLE WHERE YOU LIVE:

SPRING CREEK TWP COLUMBUS TWP CONCORD TWP CITY OF CORRY
 SPARTA BORO SPARTA TWP ELGIN WAYNE TWP

3. REASON FOR APPLYING: (Check only one)

_____ AGE	If you are 66 or over on July 1st of the application year, check here. YOU MUST ATTACH PROOF OF AGE (ie., copy of birth certificate, driver's license, etc.) and go to #4. No income information needed.
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OR

_____ INCOME	If you made LESS THAN \$12,000 last year, check here. YOU MUST ATTACH PROOF OF INCOME. (ie., copy of tax return, copy of W-2, copy of a determination letter from Social Security, etc.) Fill in the appropriate box below and go to #4.	
*If income = \$0 you MUST attach a signed sworn verification and have it NOTARIZED.		
Income From:	Per Month:	Per Year:
EMPLOYMENT	\$ _____	\$ _____
SOCIAL SECURITY	\$ _____	\$ _____
PENSIONS	\$ _____	\$ _____
PUBLIC ASSISTANCE	\$ _____	\$ _____
INTEREST	\$ _____	\$ _____
OTHER	\$ _____	\$ _____
NOTE: Form must be filled out every year for exoneartion based on your income.		

4. READ AND SIGN:

The undersigned hereby swears, subject to the penalties of perjury, that the facts set forth above are complete, true and correct.

PARENT MAY SIGN FOR ABSENT STUDENT

X _____

DATE: _____

OFFICE USE ONLY

Approved _____	Disapproved _____	Reason _____
Date _____	Board Approval Date _____	