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 (i.e., copy of birth certificate, driver’s license, etc.) and go to #4. No income information needed.

OR

______ Income

If you made less than $12,000 last year, check here. You must attach proof of income. (i.e., 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:

Employment
Social Security
Pensions
Public Assistance
Interest
Other

Per Month:

Per Year:

$  $  

$  $  

$  $  

$  $  

$  $  

$  $  

Note: Form must be filled out every year for exoneration 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

Updated 10/2017