

Lehigh Area School District Application for Exemption

Tax Year _____

Tax Payer **must** attach:

1. Lehigh Area School District Tax Bill
2. Copy of Driver's License
3. Proof that supports reason for exemption (copy of most recent tax return or other supporting documentation)

Name		Date of Tax Bill	
Address		Tax Bill #	
		Date of Birth	
Municipality		Telephone #	

Occupation Tax Exemption

<input type="checkbox"/>	Deceased (provide date)
<input type="checkbox"/>	No Income
<input type="checkbox"/>	Non-Resident
<input type="checkbox"/>	Active Military Duty
<input type="checkbox"/>	Duplicate Bill
<input type="checkbox"/>	Low Income Earnings (Less than \$10,000/ year)
<input type="checkbox"/>	Full-time College Student
<input type="checkbox"/>	Resident of Nursing Home, Personal Care or other facility
<input type="checkbox"/>	Retired (provide date)
<input type="checkbox"/>	Unemployed (provide date)
<input type="checkbox"/>	Disabled (provide date)
<input type="checkbox"/>	Other {provide date & reason}

Per Capita Tax Exemption

<input type="checkbox"/>	Deceased (provide date)
<input type="checkbox"/>	
<input type="checkbox"/>	Non-Resident
<input type="checkbox"/>	Active Military Duty
<input type="checkbox"/>	Duplicate Bill
<input type="checkbox"/>	
<input type="checkbox"/>	Full-time Student
<input type="checkbox"/>	Resident of Nursing Home, Personal Care or other facility
<input type="checkbox"/>	

I authorize the Lehigh Area School District make any investigations necessary to confirm eligibility, including but not limited to, obtaining information from the PA Department of Public Welfare and Social Security Administration under school district exemption guidelines and/or policies **and agree to notify the Lehigh Area School District or the Carbon County Tax Assessor in the event of any change in my financial status.**

I verify that the facts set forth in this request are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the PA Crimes Code (18 PA C.S. 4904) relating to unsworn falsification to authorities.

PROVIDING FALSE INFORMATION IS A CRIME!

Signature _____

Date _____