



# TOWNSHIP OF WHITEHALL

3221 MACARTHUR ROAD, WHITEHALL, PA 18052



## Per Capita Exoneration/Recertification

ALL EXONERATIONS MUST BE APPLIED FOR ON OR BEFORE DECEMBER 31 OF THE TAXING YEAR

### SECTION A: TAXPAYER INFORMATION

Last name	First Name	Middle Initial

Street Address	Whitehall	PA 18052
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Phone Number	Email	Fax

PROOF OF AGE (circle one)	Driver's License	Birth Certificate
DOB:	OLN:	

- o Check if adult individual over the age of 72 years before **JULY 1** of the current year, **regardless of income.**

### INCOME UNDER \$5,000.00/YEAR

- o IF COMBINED INCOME FROM ALL SOURCES IS LESS THAN \$5,000.00 PER YEAR FOR ONE PERSON THERE WILL BE EXONERATION FROM THE SCHOOL PER CAPITA. ONE OF THE FOLLOWING CRITERIA MUST BE FOLLOWED: PLEASE CHECK ONE:
- o ADULT INDIVIDUALS BETWEEN THE AGE OF 62 AND 71 YEARS AS OF DECEMBER 31 OF THE PRIOR CALENDAR YEAR.
- o WIDOWS AND WIDOWERS AGED 50 AND OLDER AS OF DECEMBER 31 OF THE PRIOR CALENDAR YEAR.
- o PERSONS PERMANENTLY AND TOTALLY DISABLED AS DETERMINED BY CRITERIA DEVELOPED BY THE SOCIAL SECURITY ADMINISTRATION.
- o PERSONS DEEMED LEGALLY BLIND IN ACCORDANCE WITH THE SOCIAL SECURITY CRITERIA.
- o FULL TIME STUDENT - 18 YEARS OF AGE AND OLDER - PROOF OF SCHOOL ATTENDING - TAX RETURN FROM PREVIOUS YEAR.

SCHOOL ATTENDING:

### IF APPLY FOR EXONERATIONS AND UNDER 72 YEARS, COMPLETE THE FOLLOWING INCOME INFORMATION:

#### LIST INCOME FROM ALL SOURCES

Social Security	\$	Public Assistance	\$
Pensions	\$	Rental Income	\$
Other Income	\$	Total Income	\$

I declare that the statements contained herein are true and correct

SIGNATURE: \_\_\_\_\_  
Phone: \_\_\_\_\_

DATE: \_\_\_\_\_  
Email: \_\_\_\_\_

Revised 01/28/2022