



KEYSTONE
collections group

546 Wendel Road, Irwin, PA 15642

LEBANON COUNTY SCHOOL DISTRICTS
Per Capita Tax
Exemption Request Form

District: _____

Name: _____

Account: _____

Address: _____

Date: _____

Tax Year: _____

Under penalties of perjury, I hereby certify that the information provided below is true and correct.

Signature of Applicant

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Reason for Exemption Request:

- Individual with an income of \$10,000.00 or less
- Individual 65 years of age or older by July 1 of the subject tax year
- Individual under the age of 18 as of July 1 of the subject tax year
- Individual residing in a skilled nursing care center
- Individual who moved out of the District prior to July 1 of the subject tax year
- Individual deceased prior to July 1 of the subject tax year
- Individual who is active duty military personnel during the subject tax year
- Individual who is permanently disabled
- Individual who is a member of the clergy

Applicants may be required to furnish additional information to clarify, verify or add to this application. Applicant may be requested to furnish a copy of his or her PA income tax return.

OFFICE USE ONLY

Request received by: _____ (initial)
Exemption: GRANTED / REFUSED

Date Received: _____
Date: _____