

**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)**

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

**OR**

|                        |  |
|------------------------|--|
| _____<br><b>INCOME</b> | If you made <b>LESS THAN \$12,000</b> last year, check here. <b>YOU MUST ATTACH PROOF OF INCOME.</b> (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 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 _____ |  |