

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** (ie., 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.** (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 \_\_\_\_\_