

**Shanksville-Stoneycreek School District**  
**APPLICATION FOR PER CAPITA TAX EXEMPTION**

Applicant's Name: \_\_\_\_\_

Bill # (required) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resident of:    ( ) Indian Lake Borough    ( ) Shanksville Borough

                  ( ) Stonycreek Township

Date of Birth: \_\_\_\_\_

[ ] I am applying to be placed on the list of taxpayers exempted from payment of the Shanksville-Stoneycreek School District Per Capita Tax for the year \_\_\_\_\_ because I am presently one or more of the following:

\_\_\_\_\_ Over age 75

\_\_\_\_\_ Permanently disabled (100%) \* Must have a  
Physicians statement stating your disability.

\_\_\_\_\_ Military Service

\_\_\_\_\_ Student – Under the age of 23 years, or have not yet  
attained your first college degree, whichever comes  
first.

By completion of this application, I hereby state that the above facts are true and correct, and that I understand I may be subject to the penalties contained in the Pennsylvania Crimes Code for un-sworn falsifications to legal authorities if any of the above statements are incorrect.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature of Applicant