

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