

BROOKVILLE AREA SCHOOL DISTRICT

REQUEST FOR EXEMPTION

OCCUPATIONAL ASSESSMENT TAX FOR JULY 1, 2024 – JUNE 30, 2025 FISCAL YEAR

DIRECTIONS TO REQUEST AN EXEMPTION FROM PAYING THE TAX:

- ✓ SUBMIT THIS FORM BY OCTOBER 31, 2024 FOR BOARD ACTION PRIOR TO PENALTY PERIOD.
 - BY MAIL: BROOKVILLE AREA SCHOOL DISTRICT, PO BOX 479, BROOKVILLE, PA 15825.
 - IN PERSON: ADMIN OFFICE, 104 JENKS ST., BROOKVILLE, PA 15825
- ✓ ALL QUESTIONS MUST BE COMPLETELY ANSWERED FOR THE APPLICATION TO BE CONSIDERED.
- ✓ THE SCHOOL DISTRICT WILL NOTIFY BERKHEIMER IF YOUR EXEMPTION IS APPROVED.
- ✓ IF YOU WANT NOTIFIED OF THE BOARD ACTION, INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE.

Name: _____

Tax Bill Number: _____

Address: _____

(Located at the top right of the Berkheimer tax notice.)

Telephone Number: _____

Township/Borough: _____

Birthdate: _____

Check all that apply:

Retired*

Homemaker*

Unemployed*

Active U.S. Military

Clergy for: _____

Full-time Student at: _____

Moved out of Brookville Area School District to: _____

Date the above situation(s) began: _____ (Status shall be set for each tax year as of July 1.)

As of July 1, 2024, were you employed full or part-time?

Not employed

Full-time

Part-time

Employer: _____

Address: _____

- I request the Brookville Area School Board to exempt my Occupational Assessment Tax for the current year and agree to notify the Board should there be any change in the data submitted on this request.

- *I understand that those declaring to be a retired person, homemaker, or unemployed must NOT be engaged in any occupation.

- I further understand all information may be verified by the school district and where the applicant no longer qualifies for exemption, the applicant will be responsible for all taxes, penalties, and costs on taxes for which an exemption was granted.

- I hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief. I understand that statements herein are made subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

Signature: _____

Date: _____

FOR BOARD USE ONLY:

APPROVED

DENIED

DATE: _____

BOARD SECRETARY: _____