

Union Twp.- School District
Petition for Exoneration of Per Capita Taxes
Mail to: Doreen Vitullo Tax Collector- 205 Mapeat Lane, New Castle, Pa 16101

I, _____
Name Street Address

Account Number Township Name

Date of Birth Telephone Number

Make this request for exoneration from the Union Twp. & School District's Per Capita Tax for the School Year 20__-20__. (Application must be received by November 1st of current tax year.) Mail to Union Twp.; Attention: Tax Form 1910 Municipal Drive, New Castle, Pa 16101

I am requesting exoneration for one of the following reasons:

- MINOR-** Under 18 years of age (must have reached 18th birthday by July 1 of the Year). **Proof of age must be enclosed.**
- Full Time Student-** Attach proof of attendance of college-required each year of Exoneration. **(School Invoice or class schedule)**
- Deceased-** Date of Death and copy of Certificate
- Disability-** Proof of Disability.
- Armed Services-** Attach copy of orders.
- Non-Resident-** Does not reside in Union Area School District. Proof of address must be enclosed, e.g. copy of utility bill, copy of mortgage or lease agreement.
- Low Income-** Less than \$5,000.00 for individual; \$10,000.00 for married couple. Must enclose one of the following:
 - Copy of income Tax Return-Federal or State
 - Copy of Social Security Benefit Statement
 - Copy of Public Assistance Benefit

I affirm that the above statements are true and correct.

Signature Date

Your application for request for exoneration of the per capita tax year 20__ - 20__ has been

- Approved for 1 yr. Approved for Permanent Exoneration Denied Returned for additional information

Tax Collector Signature Date