

AMBRIDGE AREA SCHOOL DISTRICT
REQUEST FOR EXEMPTION OF ANNUAL PER CAPITA TAX

I hereby petition the Ambridge Area School district for exemption of my Per Capita Tax, as provided for in Resolution 1 of 2016-2017.

Name _____

Address _____

Line Number _____ Year for Which Exemption is Requested _____

Please check the basis of your request for exemption:

_____ Individual with annual Earned Income of \$10,000 or less (Please include proof of income such as W-2(s) or federal, state or local tax returns if available)

_____ Individual is under the age of 18

_____ Individual is resident of a skilled nursing center

_____ Individual is 100% disabled

_____ Individual is or was active duty military personnel during the subject tax year

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE: _____

DATE: _____