Lehighton Area School District
Application for Exemption

Tax Year _____

Tax Payer **must** attach:

1. Lehighton Area School District Tax Bill
2. Copy of Driver's License
3. Proof that supports reason for exemption (copy of most recent tax return or other supporting documentation)

Name		Date of Tax Bill	
Address		Tax Bill #	
		Date of Birth	
Municipality		Telephone #	

Occupation Tax Exemption

☐	Deceased (provide date)
☐	No Income
☐	Non-Resident
☐	Active Military Duty
☐	Duplicate Bill
☐	Low Income Earnings (Less than $10,000/ year)
☐	Full-time College Student
☐	Resident of Nursing Home, Personal Care or other facility
☐	Retired (provide date)
☐	Unemployed (provide date)
☐	Disabled (provide date)
☐	Other (provide date & reason)

Per Capita Tax Exemption

☐	Deceased (provide date)
☐	No Income
☐	Non-Resident
☐	Active Military Duty
☐	Duplicate Bill
☐	Low Income Earnings (Less than $10,000/ year)
☐	Full-time College Student
☐	Resident of Nursing Home, Personal Care or other facility
☐	Other (provide date & reason)

I authorize the Lehighton Area School District to make any investigations necessary to confirm eligibility, including but not limited to, obtaining information from the PA Department of Public Welfare and Social Security Administration under school district exemption guidelines and/or policies and agree to notify the Lehighton Are School District or the Carbon County Tax Assessor in the event of any change in my financial status.

I verify that the facts set forth in this request are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 pf the PA Crimes Code (18 PA C.S. 4904) relating to unsworn falsification to authorities.

PROVIDING FALSE INFORMATION IS A CRIME!

Signature _____ Date _____