REQUEST FOR EXONERATION
FROM PAYMENT OF PER CAPITA TAX
For the Tax Year _____

Complete and return this form to: Holly Liska, Tax Collector 279 Frederick St. REAR, Hanover, PA 17331

NOTE: Please answer all questions that apply. Each person requesting exoneration must complete a form. PLEASE print legibly or type – unreadable applications will be rejected.

NAME: _____
LAST FIRST MIDDLE

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACCT NO. 670 – _____ *(Located at the bottom of your tax bill.)*

I am requesting exoneration from: ☐ Borough of Hanover *(Tax Year: Jan. 1 thru Dec. 31)* ☐ Hanover Public School District *(Tax Year: July 1 thru June 30)*

For the following reason: **(CHECK *ONLY* ONE)**

☐ **AGE:** I was under 18 years of age as of the first day of the tax year.
DATE OF BIRTH: _____ (Birthdate **must be** before _____.)

☐ **LOW INCOME:** My total income from **all sources** for the tax year will be below $5,000.00. My estimated income for the tax year is $ _____ . (Income statement **must be** attached.)

☐ **MILITARY:** I am a member of the Armed Forces of the United States on active duty. I am currently serving in the _____ and stationed at _____ .

☐ **FULL-TIME STUDENT** as of Sept. 30th of the current year, attending: _____ .

☐ **PAID ELSEWHERE:** If you paid a similar tax within the Commonwealth of Pennsylvania **you must** attach a copy of your PAID (per capita or occupation) tax receipt for the same tax year in which you are requesting exoneration.

☐ **MOVED PRIOR TO TAX YEAR:** You **must** attach **dated proof** of establishing residency elsewhere. Supplied proof must show your name, current address and a date prior to _____ , the start of the tax year. (Examples: Driver's license, copy of lease, utility bill, bank statement, etc.)

☐ **NURSING HOME:** Became a permanent resident of _____
on _____ . (Date **must** be before _____.)

☐ **DECEASED:** The taxpayer named above died on _____ .
(Date **must** be before _____.)

I affirm that the statements given in this application are true and correct to the best of my knowledge and belief.

_____ _____
Date Signature of Applicant