

DANIEL BOONE AREA SCHOOL DISTRICT

Application for Per Capita Tax Exoneration

TO: \_\_\_\_\_, Tax Collector Tax Year \_\_\_\_\_  
\_\_\_\_\_, Municipality Tax Bill No. \_\_\_\_\_  
FROM: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
\_\_\_\_\_ Telephone No. \_\_\_\_\_

I hereby petition exemption by the Board of School Directors from payment of per capita taxes for the current tax year. I understand this is for one year only and I must reapply each year for exoneration. (Tax exemption base income from all sources, including social security and retirement, is less than \$5,000 for a single person or \$10,000 for married couples.) I submit the following information in support of my request:

- A. What is your marital status? Married \_\_\_\_\_; Single \_\_\_\_\_; Divorced \_\_\_\_\_; Widowed \_\_\_\_\_
- B. Are you mentally or physically disabled? Yes \_\_\_\_\_; No \_\_\_\_\_  
If "yes," please attach a doctor's verification.
- C. Are you on active duty in the armed forces? Yes \_\_\_\_\_; No \_\_\_\_\_  
If "Yes," please attach a copy of orders.
- D. Do you individually or jointly own the property in which you live? Yes \_\_\_\_\_; No \_\_\_\_\_
- E. Do you own any other real estate? Yes \_\_\_\_\_; No \_\_\_\_\_  
If "yes," please list: \_\_\_\_\_  
\_\_\_\_\_
- F. Are you employed? Yes \_\_\_\_\_; No \_\_\_\_\_  
If "yes," Employer's Name: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_
- G. Are you a full-time student? Yes \_\_\_\_\_; No \_\_\_\_\_  
If "Yes," indicate school where enrolled: \_\_\_\_\_  
If other than Daniel Boone Area School District, please attach documentation (letterhead, tuition receipt, etc.)
- H. Are you the head of a household? Yes \_\_\_\_\_; No \_\_\_\_\_  
If "yes," list the names and relationships of the person(s) dependent upon you for their support:

Name	Age	Relationship	Where Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Over, please)

I. Do you have a bank account? Yes \_\_\_\_; No \_\_\_\_  
If "yes," where: \_\_\_\_\_

J. Do you own stocks, bonds or other securities? Yes \_\_\_\_; No \_\_\_\_  
If "Yes," please list names and number owned:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. STATEMENT OF YEARLY INCOME:

Wages:	_____
Social Security:	_____
Unemployment:	_____
Pension/Retirement:	_____
Public Assistance:	_____
Disability Benefits:	_____
Interest/Dividend Income:	_____
Income from Other Sources:	_____
TOTAL:	_____

**A COPY OF YOUR MOST RECENT STATE OR FEDERAL TAX RETURN MUST BE ATTACHED FOR VERIFICATION.**

Under penalties of perjury, I hereby swear that the statements in this petition are true, correct and complete. Further, I agree to notify the Daniel Boone Area School District immediately about any increase in my income or resources.

**I also understand that if and when I am no longer eligible for exoneration, I will be required to make back payment for those years for which I was exonerated.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Tax Collector: \_\_\_\_\_ Date Received: \_\_\_\_\_

Business Manager Recommendation: Approved \_\_\_\_ Disapproved \_\_\_\_

Daniel Boone School Board Action: Approved \_\_\_\_ Disapproved \_\_\_\_

Board Secretary: \_\_\_\_\_ Date: \_\_\_\_\_