

TAX YEAR	BILL NO.
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JUNIATA COUNTY

Per Capita Tax Exoneration

Request for Appeal

Our records indicate that your annual income exceeds the current guidelines for per capital tax exoneration. Our policy states that taxpayers may appeal in these situations if they feel extenuating circumstances exist such as high medical costs or other undue financial hardships.

If you believe you qualify for exoneration due to extenuating circumstances, please list the financial hardships that exist and include any documentation, such as receipts, which support your claim.

NAME AND ADDRESS INFORMATION

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Claimant's Last Name First Name Middle Initial

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Spouse's Last Name First Name Middle Initial

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Street Address Township/Borough Town

PLEASE LIST ALL THE REASONS WHY YOU ARE REQUESTING EXONERATION

(Supporting documentation must be included)

- 1) _____
- 2) _____
- 3) _____

X _____ _____ X _____ _____
Taxpayer Signature Date Tax Collector Signature Date

JUNIATA COUNTY
Per Capita Tax Exoneration Claim

Tax Year: _____

NAME AND ADDRESS

Claimant's Last Name	First Name	Middle Initial	Bill No.
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Spouse's Last Name	First Name	Middle Initial	Bill No.
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Street Address	Township or Borough	Town
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CHECK REASON FOR EXONERATION AND INCLUDE INFORMATION REQUIRED

_____ Military Service Branch of Military _____

_____ Student School or College _____

_____ Deceased Date of Death _____

_____ Moved from Taxing District _____

_____ Other (Give Details) _____	New District of Residence _____	Date of Move _____
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_____ Low Income (Complete Following – if married, spouse's information must be completed also.)

Applicant's Age _____ Spouse's Age _____

- A. List Dependents other than Self and Spouse:
- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

- B. List Real Estate Owned:
- | | |
|-----------------------------|-----------------------|
| <u>Location of Property</u> | <u>Assessed Value</u> |
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |

- C. List all sources of income including wages, pensions, welfare payments, interest, Dividends and other benefits for you and your spouse.
- | | |
|-----------------|---------------------------------|
| <u>SOURCE</u> | <u>AMOUNT RECEIVED ANNUALLY</u> |
| <u>Claimant</u> | |
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| <u>SPOUSE</u> | |
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| TOTAL: | _____ |

I declare that this claim based on low income is true, correct and complete to the best of my knowledge and belief. Income listed on this application is subject to verification by the Juniata County Commissioners.

_____	Date	_____	Date
Claimant's Signature		Spouse's Signature	

Signature of Tax Collector Submitting Claim
 It is recommended that the Commissioners exonerate this claimant on the basis of the above information, which I believe to be accurate.

Signature of Tax Collector

TOWNSHIP _____

EXONERATIONS
FOR TAX YEAR _____

	NAME OF APPLICANT	BILL NO.	REASON FOR REQUEST
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____

25. _____

JUNIATA COUNTY

Per Capita Tax Exoneration for Full-Time Students

NAME AND ADDRESS		
_____ Student's Last Name	_____ First Name	_____ Middle Initial
_____ R. D. No. or Street Address	_____ Post Office Address	
_____ Exoneration for Tax year	_____ Bill No.	

STUDENT ENROLLMENT INFORMATION

Full Time Student Attending _____

Check months since January 1, _____ in which you were, and will be in full-time attendance at the above school.

_____ January	_____ May	_____ September
_____ February	_____ June	_____ October
_____ March	_____ July	_____ November
_____ April	_____ August	_____ December

Last date attended as full-time Student _____

SIGNATURE OF FULL-TIME STUDENT

I declare that this claim is correct and complete to the best of my knowledge and belief.

Signature Date

SIGNATURE OF TAX COLLECTOR	
It is recommended that the Juniata County Commissioners exonerate this claimant on the basis of the above information.	
_____ I agree with this request _____ I do not agree with this request.	
_____ Date	_____ Signature of Tax Collector

Borough or Township