

LOWER ALLEN TOWNSHIP

Application for exoneration of the Township portion of personal taxes for the year _____, due to my financial inability to pay.

Name _____ Phone # _____
Social Security # _____
Your present employer _____
If unemployed, name of previous employer _____

List all income received from each of the following sources during the past year OR your estimated income for the current tax year. Each category must contain an accurate amount or the word "None", whichever is appropriate.

<u>Annual Income</u>	<u>Your Income</u>	<u>Spouse's Income</u>
Salary/Wages/Commission	_____	_____
Self Employment	_____	_____
Public Assistance	_____	_____
Unemployment Compensation	_____	_____
Social Security	_____	_____
Pensions, annuities and trusts	_____	_____
Interest on savings accounts	_____	_____
Interest on notes/bonds	_____	_____
Rental income	_____	_____
Lottery, prize and awards income	_____	_____
All other income	_____	_____
TOTAL INCOME:	_____	_____

I declare under the penalties of perjury that the information supplied is true and correct to the best of my knowledge and belief. The failure to answer any question or falsification of any information will result in the denial of exoneration.

Signature of Applicant

Date of Application

Return this application along with both copies of the tax bill to: Lower Allen Township Tax Office, 1993 Hummel Avenue, Camp Hill PA 17011.

Be sure to include payment for the COUNTY portion of this bill of \$4.90 during DISCOUNT \$5.00 during FACE \$5.50 during PENALTY - since they do not accept exonerations.

Exoneration requests will not be considered after December 15th.

BOARD ACTION

APPROVED DISAPPROVED

REVISED: 3/98

Signature, Township Commissioner