

BOARD OF ASSESSMENT AND REVISION OF TAXES
BUFFALO TOWNSHIP SUPERVISORS

MAIL TO: **ROBYN FLEISCHMAN, BUFFALO TWP TAX COLLECTOR** PHONE: 724-524-1624
P.O. BOX N
SARVER, PA 16055

SPRING TAX NOTICE FOR YEAR _____

1. NAME _____
2. ADDRESS _____
3. DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____
4. MARITAL STATUS: SINGLE _____ MARRIED _____ WIDOW(ER) _____
5. IF MARRIED, GIVE FULL NAME OF SPOUSE _____
5a. IS SPOUSE OVER 18? YES ___ NO ___ SPOUSE'S YEARLY INCOME _____
6. ARE YOU PHYSICALLY DISABLED? YES ___ NO ___
6a. DESCRIBE DISABILITY: _____
7. ARE YOU EMPLOYED? YES ___ NO ___ FULL TIME ___ PART TIME _____
8. LIST TOTAL MONTHLY INCOME FROM ALL SOURCES:
SOCIAL SECURITY \$ _____ PENSIONS \$ _____ PUBLIC ASSISTANCE \$ _____
OTHER SOURCES OF INCOME \$ _____
- 9a. TOTAL YEARLY INCOME FROM ALL SOURCES: _____
- 9b. A COPY OF YOUR W-2 FORM MAY BE REQUESTED.

THE TOWNSHIP RESERVES THE RIGHT TO INDEPENDENTLY VERIFY ALL STATEMENTS MADE HEREIN.

DATE: _____ SIGNATURE: _____

IF YOU ARE "NOT A FULL TIME STUDENT", PLEASE STOP HERE.

10. FOR FULL TIME STUDENTS ONLY: " THIS FORM MUST BE COMPLETED IN IT'S ENTIRETY AND FILED WITH THE BUFFALO TWP TAX COLLECTOR **NO LATER THAN APRIL 30 OF THE CURRENT TAX YEAR** TO BE CONSIDERED FOR EXONERATION.
10a. SCHOOL YOU ARE ATTENDING FULL TIME _____
10b. IS SEMESTER ENROLLMENT FROM JANUARY THROUGH MAY OF THE CURRENT YEAR? YES ___ NO ___

"STUDENT'S VERIFICATION OF ENROLLMENT"

I HEREBY DECLARE THAT ALL STATEMENTS MADE IN THIS REQUEST ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ AND UNDERSTAND THAT "FALSE" STATEMENTS MADE HEREIN ARE SUBJECT TO PENALTIES OF THE 18 PA C.S.A. SECTION 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES. AND IS GROUNDS FOR PROSECUTION. THE TOWNSHIP RESERVES THE RIGHT TO INDEPENDENTLY VERIFY ALL STATEMENTS MADE HEREIN.

I HEREBY CERTIFY THAT I AM ATTENDING THE ABOVE NAMED SCHOOL AS A FULL TIME STUDENT DURING THE CURRENT TAXABLE YEAR AND FOR THAT REASON I AM REQUESTING TO BE EXONERATED FROM THE CURRENT PER CAPITA TAX NOW DUE.

DATE: _____

SIGNATURE OF STUDENT APPLICANT

APPLICATION APPROVED _____ APPLICATION DISAPPROVED _____ DATE _____

REASON FOR DISAPPROVAL _____