

Must complete each year!

MOSHANNON VALLEY SCHOOL DISTRICT
4934 GREEN ACRE ROAD
HOUTZDALE, PA 16651

Request for Abatement of School District Per Capita Tax - school year _____

TO THE BOARD OF DIRECTORS:

I hereby petition the Board of Directors of Moshannon Valley School District to abate my per capita taxes of \$10.00 (\$5 Act 511, \$5 Section 679) for the above school year because of my inability to pay.

(All questions must be answered)

Name _____

Address _____

Date of Birth: _____

Sex: () Male () Female

Marital Status: () Single () Married () Widow () Widower

Is your total household annual income from all sources \$5,000 or less? ____yes ____no

LIST All Household Income:

Monthly Amount

Yearly Amount

Wages

Interest/Dividends

Social Security

Pensions

Other (Child support, Aid to families
with dependent children, etc.)

All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, this application may be denied.

My signature hereon constitutes acceptance of the statements contained on this application, which I have read and understand.

SIGNATURE _____