Borough of Zelienople
111 W New Castle St
Zelienople, PA 16063
724-452-6610

REQUEST FOR EXONERATION OF PER CAPITA TAX
FOR TAX YEAR _____

I hereby petition the Borough of Zelienople to be exonerated from my Per Capita Tax, because of my financial inability to pay. I hereby certify that the information provided with this form is true and correct.

_____ _____ _____
Taxpayer Name (Please print) Taxpayer Signature Date

_____
Address

_____
Telephone #

****
Request Status: _____ Approved _____ Denied

_____ _____
Borough of Zelienople Date

Financial Status Of Applicant For Exoneration
(In order to receive consideration every question must be answered)

1. What is your date of birth? _____

2. Do you have any income from personal property such as mortgages, stocks, bonds, judgement notes, annuities or any other evidence of receivable indebtedness? _____Yes _____No

3. Are you employed? _____Yes _____No (If you answered yes, please complete the following:
   Employer Name: _____
   Annual Income: _____

4. Are you retired? _____Yes _____No (If you answered yes, please complete the following:
   Do you receive a pension Yes_____ No _____
   Amount of monthly pension received: _____

5. Do you have any additional sources of income? _____Yes _____No (If you answered yes, please complete the following:
   What is the amount received per month? _____

I hereby certify this information to be true and correct under penalty of perjury.

_____ _____
Applicant **Date**

Witness: _____

Witness Address: _____