JUNIATA COUNTY
Per Capita Tax Exoneration Claim

Tax Year: _____

NAME AND ADDRESS

_____	_____	_____	_____
Claimant's Last Name	First Name	Middle Initial	Bill No.
_____	_____	_____	_____
Spouse's Last Name	First Name	Middle Initial	Bill No.
_____	_____	_____	
Street Address	Township or Borough	Town	

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 _____ _____
New District of Residence Date of Move
____ Other (Give Details) _____

____ 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:

Location of Property	Assessed Value
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.

SOURCE	AMOUNT RECEIVED ANNUALLY
Claimant	
1. _____	_____
2. _____	_____
3. _____	_____
SPOUSE	
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.

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

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