

EAST STROUDSBURG AREA SCHOOL DISTRICT

Attn: Kathy Kroll
50 Vine Street, P. O. Box 298
East Stroudsburg, PA 18301-0298

SENIOR CITIZEN SCHOOL TAX REBATE
Year - 2009

PLEASE PRINT OR TYPE

PART A

Name of Claimant:

Address of Claimant:

Location of Property (Boro or Township):

Tax Bill Number:

Birth date of Claimant: (Attach proof to first application)

Social Security Number of Claimant:

PART B

The following is a brief summary of the program for assisting senior citizens to pay school taxes on homes that they own and occupy that was adopted by the Board of Education on June 28, 1982, as amended:

- a. EFFECTIVE DATE: School Real Estate Taxes issued August 1, 2009.
- b. ELIGIBILITY: One or more of the following (A, B, C):
 1. A) One member of the household must be age 65 or over on December 31, 2009;
 - B) Individual is a widow or widower and age 50 or over on December 31, 2009;
 - C) Individual is permanently disabled and age 18 or over on December 31, 2009.
2. INCOME: \$16,500 or less.
3. PERCENTAGE OF REBATE: based on income, as follows:

| Household Income | % Rebate | Household Income | % Rebate |
|------------------|----------|---------------------|----------|
| \$ -0- - \$6,999 | 100% | \$10,000 - \$10,499 | 35% |
| 7,000 - 7,499 | 90% | 10,500 - 11,499 | 25% |
| 7,500 - 7,999 | 80% | 11,500 - 13,499 | 20% |
| 8,000 - 8,499 | 70% | 13,500 - 14,499 | 15% |
| 8,500 - 8,999 | 60% | 14,500 - 16,500 | 10% |
| 9,000 - 9,499 | 50% | 16,501 - or over | -0-% |
| 9,500 - 9,999 | 40% | | |
4. MAXIMUM REBATE - cannot exceed \$925.00; on homestead only.

c. FILING -

1. WHERE TO FILE: at the Tax Office of the School District located in the Administration Center, or mail to ESASD, Attn: Kathy Kroll, 50 Vine Street, East Stroudsburg, PA 18301-0298.
 2. WHEN TO FILE: after January 31, 2010 but before June 30, 2010.
 3. HOW TO FILE: request forms after January 31, 2010 by calling the school district office at (570-424-8500) Extension 1001, or by stopping in the office to pick them up.
- d. A COPY OF THE ENTIRE RESOLUTION CAN BE OBTAINED UPON REQUEST.

You will need to include copies of the following paperwork:

1. Receipted School Tax Bill
2. Verification of Income Reported (all sources)
3. Proof of Age as of December 31, 2009. (birth certificate, driver's license, etc.)
4. Proof that you are a widow/widower or disabled if applicable (first time filers only).

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.

| PART C | Total Income of Claimant and Spouse | Do not write in this Space |
|---|-------------------------------------|----------------------------|
| a. Gross Social Security, SSI Payments and Railroad Retirement Benefits | \$ | |
| b. Enter 50% of Line a | \$ | |
| c. Pensions, Annuities, and IRA Distributions | \$ | |
| d. Interest, Dividends, and Capital Gains | \$ | |
| e. Net Rental Income | \$ | |
| f. Net Business Income | \$ | |
| g. Other Income (such as wages, cash public assistance, unemployment compensation, gifts totaling more than \$300, and life insurance death benefits exceeding \$5,000) | \$ | |
| h. Total Income of Claimant and Spouse. (Add Lines b. thru g.) (Total Income may not exceed \$16,500) | \$ | |
| i. Amount of 2009 School Taxes Paid for Homestead (attach receipted School District tax bill) | \$ | |

| PART D - STATE REBATE INFORMATION - Copy from "Property Tax/Rent Rebate Program" Form | |
|--|----|
| j. Rebate available from State (maximum \$650) | \$ |

| PART E - SCHOOL DISTRICT REBATE INFORMATION | |
|---|----|
| k. Net Taxes Paid (i. minus j.) | \$ |
| l. Rebate Percentage Factor (refer to Part B - over) | % |
| m. School Tax Rebate (k. times l., or \$925.00, whichever is less) | \$ |

Excessive claims made with fraudulent intent will subject the claimant to a penalty of 25% of the entire amount claimed. The claimant shall be guilty of a misdemeanor punishable by a fine of up to \$1,000 and/or imprisonment for up to one year upon conviction.

CHECKLIST:

I have included with this form the following necessary paperwork (copies):

- _____ Receipted School Tax Bill
- _____ Verification of Income Reported
- _____ Proof of Age as of December 31, 2009 (first time filers only).
- _____ Proof that you are a widow/widower or disabled, if applicable (first time filers only).

I declare that this form is true, correct and complete to the best of my knowledge and belief, and that this is the only claim filed by members of my household.

Claimant's Signature

Signature of Preparer (if other than Claimant)

Claimant's Address

Telephone Number

_____/_____/_____
Date

The East Stroudsburg Area School District hires only individuals legally authorized to work in the United States and does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in the admission or access to, or in the provision of services, programs or employment.