

WASHINGTON TOWNSHIP – LEHIGH COUNTY  
7951 CENTER STREET  
EMERALD PA 18080

APPLICATION FOR EXONERATION  
TOWNSHIP PER CAPITA TAX  
YEAR 20\_\_\_\_\_

Bill # \_\_\_\_\_

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

REASON FOR REQUEST FOR EXONERATION \_\_\_\_\_  
(Please refer to the list below for acceptable reasons)

ACCEPTABLE REASONS FOR EXONERATION

1. Insufficient earnings - under \$5,000 per person annually  
IF INSUFFICIENT EARNINGS IS USED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Salary or Wage \$ _____	Net Rent from Property \$ _____
Pension/Social Security \$ _____	Investments \$ _____
Public Assistance \$ _____	Professional Income \$ _____
Trade or Business \$ _____	Other \$ _____
TOTAL \$ _____	

2. Active Military Duty

---

I, \_\_\_\_\_, hereby swear (or affirm) that the above information is true and correct to the best of my knowledge and belief and any misinformation stated above shall cause my exoneration to be void. I further agree to furnish proof, when required, relative to any portion of this information. The Board of Supervisors reserves the right to request a copy of your federal income tax return in support of this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This application is to be returned to :  
Washington Township , 7951 Center St., Emerald PA 18080