

RETURN TO:
CITY OF BUTLER/ TREASURER
140 W. NORTH ST.
BUTLER, PA 16001

DUE DATE: APRIL 30, 2010

**CITY OF BUTLER PER CAPITA EXONERATION FORM
SPRING TAX NOTICE 2010**

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

DATE OF BIRTH: month _____ day _____ year _____

MARITAL STATUS: single _____ married _____ widow/widower _____ divorced _____

FULL NAME OF SPOUSE IF MARRIED _____

IS SPOUSE OVER 18: Yes _____ No _____ SPOUSE'S YEARLY INCOME \$ _____

ARE YOU PHYSICALLY DISABLED? Yes _____ No _____

DESCRIBE DISABILITY: _____

ARE YOU MENTALLY HANDICAPPED? Yes _____ No _____

IS APPLICANT IN A NURSING HOME? Yes _____ No _____

ARE YOU EMPLOYED? Yes _____ No _____ full-time _____ part-time _____

TOTAL MONTHLY INCOME FROM ALL SOURCES: _____

SOCIAL SECURITY \$ _____ PENSION \$ _____ PUBLIC ASSISTANCE \$ _____

ALL SOURCES OF INCOME \$ _____

TOTAL YEARLY INCOME FROM ALL SOURCES: \$ _____

(A COPY OF YOUR W2 FORM MAY BE REQUESTED)

ARE YOU A FULL TIME STUDENT? _____

NAME OF SCHOOL YOU ARE ATTENDING: _____

***THE CITY OF BUTLER RESERVES THE RIGHT TO INDEPENDENTLY VERIFY ALL
STATEMENTS MADE HEREIN:***

DATE: _____ SIGNATURE OF APPLICANT: _____

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

APPLICATION APPROVED: _____ DISAPPROVED _____ SIGNATURE _____ DATE _____

TREASURER