



JOHN K. WEINSTEIN, TREASURER
County of Allegheny
 OFFICE OF THE TREASURER

Senior Citizen Tax Relief Program
 Application
 (412) 350-4100 or Toll Free 1-866-282-8297

Print the following information

Property Owner Name:		
Street Address:		
City:	State:	Zip Code:

This is a two-sided form. Complete both the front and back.

Block and Lot _____ Municipality _____

The property location shown above is claimant's primary residence. Yes () No ()

Date of Purchase _____

If claimant has not owned the property shown above for more than 10 years, print the address of previous residence. _____

Is any portion of the property used for commercial purposes? Yes () No ()

If property contains more than one unit(s) are any units made available for rental purposes. Yes () No ()

Date of Birth _____ * Spouses Date of Birth _____

I certify that I am: (check one)

- a. A claimant, age 60 or older as of December 31, 2008 ()
- b. A claimant under age 60 with a spouse age 60 or older as of December 31, 2008 ()
- c. A widow or widower age 50 to 60 as of December 31, 2008 ()
- d. Permanently disabled and age 18 to 60 (claimant must provide proof of disability.) ()

Application can not be processed without proof of age and income.

Proof of Age: Birth Certificate, Drivers License, or Photo Identification.

Proof of Income: Federal income tax return or if reporting Social Security Income include a copy of SSA 1099, Pensions a copy of 1099R, and copies of statements supporting all reported income. Photo copies are acceptable.

Senior Citizen Tax Relief Program

List below all income received by claimant and/or spouse in the previous year.
Total gross household income must be \$30,000 or less.

Proof of income is required to process application. This information will remain confidential.

- 1) Salary, Wages, Bonuses, Commissions \$ _____
 - 2) 50% of Social Security, SSI Payments & Railroad Retirement Tier 1 Benefits \$ _____
 - 3) Pensions, Annuities and IRA Distributions \$ _____
 - 4) Interest, Dividends & Capital Gains \$ _____
 - 5) Business Income, Self-Employment Income \$ _____
 - 6) Alimony or Support \$ _____
 - 7) Other Income \$ _____
- Total Income of Claimant and/or Spouse (Add lines 1 through 7)** \$ _____

Qualified applicants will not have to reapply every year. However, if the annual qualifying income exceeds \$30,000 in any subsequent tax year, you are required to notify this office in writing at the address below.

An excessive claim made with fraudulent intent can subject the claimant to a misdemeanor punishable by law.

Claimant: I declare this claim is true, correct, and complete to the best of my knowledge and belief.

Claimant's Signature: _____

Preparer's Signature: _____

Claimants daytime phone number: _____

This claim must be filed by June 30, 2008.

Return Completed Application to:

John Weinstein
Allegheny County Treasurer
Senior Citizen Tax Relief Program
Room 108 Courthouse
436 Grant Street
Pittsburgh, Pa. 15219-2497