

JOHN K. WEINSTEIN TREASURER

COUNTY OF ALLEGHENY

OFFICE OF THE TREASURER 108 COURTHOUSE
436 GRANT STREET + PITTSBURGH, PA 15219

412-350-4100 or Toll Free 1-866-282-8297

2018

APPLICATION
MUST BE FILED
BY JUNE 30, 2018

ACT 77-SENIOR CITIZEN TAX RELIEF APPLICATION FILL IN BOTH SIDES OF THIS FORM.

PROPERTY OWNER: LAST NAME	FIRST NAME	MI	FOR OF	FOR OFFICIAL USE ONLY	
			Received:		
ADDRESS	and the second s	erica de esta e trassa a que en que en que en la companya de la companya de la companya de la companya de la c La companya de la co	Ву:	Date:	
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ADDRESS 2	e. Karananan arang melanggapan dinambanan meneripada dan bermalan dinamban kenalan dinamban bermanan bermanan ber	THE SECTION SHAPE PER SHAPE BY IT I ARE THE SECTION OF THE PRINCIPLE SHAPE IN THE SECTION OF THE	Approved:		
CITY	STATE	ZIP	Denied:		
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LOT BLOCK NO.	MUNICIPALITY	to the company of the	Completed:		
		The second secon	Ву:	Date:	
		\$ ₂		y-Abre	T-000
The property location shown abov	e is claimant's primary residenc	e		Yes 🍱	No 🗀
Date of Purchase	er en	- construction for			
did you <u>OWN</u> and <u>OCCUPY</u> in Allegh your current residence? Does anyone beside you and your	entere de la francia de la colorida de la colorida La colorida de la colorida del colorida de la colorida de la colorida del colorida de la colorida del colorida de la colorida de la colorida de la colorida del col	ente de la companya del la companya de la companya		Yes ∰	No 🖸
Does this other owner live with yo	ou?		1	Yes 🗇	No 🖸
Is any portion of the property used	d for commercial purposes?	••••••	,	Yes 🖫	No 🔾
If property contains more than one u	unit are any units made available i	for rental purposes?		Yes 🚨	No 🕮
Date of Birth	- Da Santa Company Com	Spouses Date of Birth	i anno de estada que el forma merá genera maio a la calenda el cal		
a. A claimant, age 60 or older as	E) of December 31, 2018		marres de Edde do do o	20 mm Hz Augment	× .
b. A claimant, under age 60 with	a spouse age 60 or older as of	December 31, 2018	******************	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
c. A widow or widower age 50 to Date of Death	o 60 as of December 31, 2018 .		***************************************		
	18 to 60. CLAIMANT MUST PR	ROVIDE A LETTER FROM A I	PHYSICIAN	L.Y	÷
e. Did you file a 2016 Federal Tax If NO, you MUST attach a lette	x Return?			Yes 🗀	No 🐬

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: Copies of your Federal Income Tax return 1040, if you do not file a 1040, copies of your SSA 1099 (Social Security), 1099R (Pension) and copies of any other documents supporting your **2016 income**.

This information will remain confidential.

1.	Salary, Wages, Bonuses, Commissions, Unemployment Compensation	\$		
2.	Social Security, SSI Payments (Total benefits \$ divided by 2)	\$		
3.	Railroad Retirement Tier 1 Benefits (Total benefits \$ divided by 2)	\$		
4.	Pensions, Annuities and IRA Distributions	\$		
5.	Interest, Dividends & Capital Gains Income	\$		
6.	Self Employment, Business Income (If a loss enter \$0)	\$	**** *** ** *** *** ** ***	
7.	Rental Income (If a loss enter \$0)	\$		
8.	Alimony or Spousal Support	\$		
9.	Other Income: e.g.: Gambling, Lottery Winnings, Prize Winnings, etc	\$		
TO	TAL INCOME of Claimant and/or Spouse Add Lines 1 thru 9. If your income	·		
exc	reeds \$30,000 you will not qualify for the Relief Program	\$		
\$3(in '	alified applicants <u>WILL NOT</u> have to reapply every year. However, if the annual quali 0,000 in any subsequent tax year or a change in deed ownership occurs, you are <u>REQUIRI</u> writing at the address below. An excessive claim made with fraudulent intent can subject the definition of the control of the co	D to notify	this office	
CLA	NIMANT: I declare this claim is true, correct, and complete to the best of my knowledge and	belief.		
Cla	imant's Signature:			
Pre	parer's Signature:			
Cla	mant's daytime phone number:			
Cla	imant's e-mail address:	•		

THIS CLAIM MUST BE FILED BY JUNE 30, 2018.

Return Completed Application and required documentation to:

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

Application CAN NOT be processed without PROOF OF AGE and INCOME.

PROOF OF AGE: Attach Photo Copy of Birth Certificate, Driver's License, or Photo Identification. PROOF OF INCOME: Attach Photo Copy of Federal Income tax return (or a letter stating you did not file a Federal 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 other reported household income. Do NOT send original documents.