



JOHN K. WEINSTEIN
TREASURER

COUNTY OF ALLEGHENY

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

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 above property has not been owned and occupied for at least 10 consecutive years, what property did you OWN and OCCUPY in Allegheny County as your principal residence prior to purchasing your current residence?_

Does anyone beside you and your spouse own this house? Yes () No ()

Does this other owner live with you? Yes () No ()

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, 2017 ()
- b. A claimant, under age 60 with a spouse age 60 or older as of December 31, 2017 ()
- c. A widow or widower age 50 to 60 as of December 31, 2017 ()
Date of Death _____
- d. Permanently disabled and age 18 to 60. CLAIMANT MUST PROVIDE A LETTER FROM A PHYSICIAN (Letter from Social Security will not be accepted)
- e. Did you file a 2016 Federal Tax Return? Yes () No ()
If **NO**, you MUST attach a letter stating you DID NOT file.

Application cannot 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.**

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 \$ _____

- 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: e.g.: Rental Income, Lottery Winnings, etc. \$ _____

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 or a change in deed ownership occurs, 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: _____
Claimant's Daytime Phone Number: _____
Claimants e-mail address: _____

This claim must be filed by June 30, 2017.

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