

Borough of Rosslyn Farms

Senior Citizen Tax Relief Program

Application

(412) 920-1111

Print the following information:

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

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

Block and Lot _____ Municipality _____

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

Date of Purchase _____

If applicant has not owned property shown above for more than 10 years, print the address of previous residences in Allegheny County and for each residence state the date it was owned.

If applicant has not owned one or more primary residences in Allegheny County for at least ten (10) continuous years, then answer the following: Have you owned a principal residence in Allegheny County for at least five (5) years and for which you received assistance in acquisition of that property as part of a government or non-profit housing program? Yes () No ()

Is any portion of the current property for which this Application is submitted used for commercial purposes? Yes () No ()

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

Applicant's Date of Birth _____

Spouse's Date of Birth _____

Applicant's Social Security No. _____

Spouse's Social Security No. _____

I certify that I am: (check one)

- a. A single applicant, age 60 or older as of December 31, of the year for which this Application is submitted ()
- b. An applicant under age 60 with a spouse age 60 or older as of December 31, of the year for which this Application is submitted ()

Application cannot 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 PA property tax or rent rebate claim form.

Senior Citizens Rebate and Assistance Act
Statement of Income for Year _____

Salary, wages, bonuses, commissions _____

Self-employment income _____

Interests, dividends (list all such income whether it is taxable or exempt) _____

IRA distributions _____

Alimony _____

Support money _____

Cash public assistance and relief _____

Pensions and annuities (excluding Social Security and railroad retirement) _____

Railroad benefits (Gross _____) 50% _____

Social Security (exclude Medicare benefits) (Gross _____) 50% _____

State unemployment _____

Veterans disability benefits _____

Capital gains (realized) _____

Workers' compensation benefits _____

Net income from rentals _____

Life insurance benefits and proceeds (Gross amount less \$5,000) _____

Gifts of cash or property other than transfers by gift between members of same household in excess of a total of \$500 (do not include surplus food or relief supplied by governmental agency, government property tax rebate, government rent rebate, or government inflation dividend) _____

The undersigned verifies the averments of fact made in this Application are true and correct. I/we understand that averments of fact are made subject to the penalties of 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities.

Applicant Signature

Spouse's Signature