

TOWNSHIP OF FRAZER  
ACT 77 TAX RELIEF APPLICATION

You may qualify for the senior citizen tax relief program for the \_\_\_\_\_ tax year. Please answer the following questions so that your request may be processed.

**\*APPLICATION WILL NOT BE PROCESSED WITHOUT PROOF OF AGE AND INCOME\***  
**(PLEASE PRINT)**

1. Block & Lot Number \_\_\_\_\_

2. Applicant (owner's) Name \_\_\_\_\_

3. Property Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Date of Purchase \_\_\_\_\_

THE PROPERTY LOCATION SHOWN ABOVE IS MY PRIMARY RESIDENCE:  
YES ( ) NO ( )

IS ANY PORTION OF THE PROPERTY LOCATION ABOVE USED FOR  
COMMERCIAL PURPOSES? YES ( ) NO ( )

If answer is yes, explain: \_\_\_\_\_  
\_\_\_\_\_

DOES THIS PROPERTY CONTAIN MORE THAN ONE LIVING UNIT?  
YES ( ) NO ( )

If answer is yes, how many: \_\_\_\_\_  
If answer is yes, how many units are made available for rental purposes? \_\_\_\_\_

**THIS CLAIM MUST BE FILED BY**

1. I CERTIFY THAT I AM: (CHECK ONE)
- a. A CLAIMANT, AGE 60 OR OLDER AS OF \_\_\_\_\_ ( )
  - b. A CLAIMANT UNDER 60 WITH SPOUSE AGE 60 OR OLDER WHO RESIDES IN THE SAME HOUSEHOLD. ( )
  - c. A WIDOW OR WIDOWER, AGE 50 TO 60 AS OF \_\_\_\_\_ ( )
  - d. PERMANENTLY DISABLED AND AGE 18 TO 60 (MUST PROVIDE PROOF) ( )

**LIST BELOW ALL INCOME RECEIVED BY YOU & YOUR SPOUCE IN THE YEAR \_\_\_\_\_ . PROOF OF INCOME IS REQUIRED TO PROCESS (STATE RENT REBATE IS ACCEPTABLE)**

2. 50% OF SOCIAL SECURITY, SSI PAYMENTS & RAILROAD RETIREMENT BENEFITS (except Medicare Benefits).....\$ \_\_\_\_\_

- 3. PENSIONS, ANNUITIES AND IRA DISTRIBUTIONS.....\$ \_\_\_\_\_
- 4. INTEREST, DIVIDENS & CAPITAL GAINS.....\$ \_\_\_\_\_
- 5. BUSINESS INCOME.....\$ \_\_\_\_\_
- 6. ALIMONY OR SUPPORT.....\$ \_\_\_\_\_
- 7. SALARY, WAGES, BONUSES, COMMISSIONS.....\$ \_\_\_\_\_
- 8. OTHER INCOME.....\$ \_\_\_\_\_
- 9. TOTAL INCOME OF CLAIMANT & SPOUSE (ADD LINES 2 THRU 6) **not to exceed \$30,000:**  

\$ \_\_\_\_\_

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 (CLAIMANT MUST SIGN) \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

PREPARER’S SIGNATURE (IF OTHER THAN CLAIMANT) \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

**ONE TIME FILING: THIS APPLICATION, ONCE APPROVED, SHALL CONTINUE TO QUALIFY THE APPLICANT AS LONG AS APPLICANT IS PROPERTY OWNER/OCCUPANT IN FRAZER TOWNSHIP**

**ALL APPLICANTS MUST HAVE “OWNED AND OCCUPIED” A PRIMARY RESIDENCE IN FRAZER TOWNSHIP FOR AT LEAST TEN (10) CONSECUTIVE YEARS.**

**APPLICATION WILL NOT BE PROCESSED WITHOUT PROOF OF AGE AND INCOME FOR PROOF OF AGE YOU MAY USE COPIES OF YOUR BIRTH CERTIFICATE, DRIVER’S LICENSE OR PHOTO IDENTIFICATION. FOR PROOF OF INCOME YOU MAY USE COPIES OF YOUR FEDERAL TAX RETURN OR PA PROPERTY TAX OR RENT REBATE CLAIM FORM**

**THIS INFORMATION WILL BE KEPT CONFIDENTIAL**

**RETURN APPLICATION TO FRAZER TOWNSHIP SECRETARY  
 592 PITTSBURGH MILLS CIRCLE  
 TARENTUM, PA 15084**