



# COUNTY OF ALLEGHENY

OFFICE OF THE TREASURER 108 COURTHOUSE

## ACT 77-SENIOR CITIZEN TAX RELIEF APPLICATION

# 2020

APPLICATION  
MUST BE FILED  
BY JUNE 30, 2020

JOHN K. WEINSTEIN

FILL IN BOTH SIDES OF THIS FORM.

PROPERTY OWNER: LAST NAME	FIRST NAME	MI	FOR OFFICIAL USE ONLY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Received:	Additional Information Requested:
ADDRESS			By: _____ Date: _____	By: _____ Date: _____
<input type="text"/>			Processed:	Denied:
CITY	STATE	ZIP	By: _____ Date: _____	By: _____ Date: _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	Approved:	Completed:
LOT BLOCK NO.	MUNICIPALITY		By: _____ Date: _____	By: _____ Date: _____
<input type="text"/>	<input type="text"/>			

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?

Is this property currently under a governmental or non-profit subsidy program? Yes  No

If yes, please attach annual recertification letter.

If above property has been owned and occupied for at least 5 consecutive years, and you are currently under a governmental or non-profit housing subsidy program, what is the name and address of the agency?

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 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, 2020 .....

b. A claimant, under age 60 with a spouse age 60 or older as of December 31, 2020 .....

c. A widow or widower age 50 or older as of December 31, 2020 .....

Date of Death

d. Permanently disabled and age 18 or older. **CLAIMANT MUST PROVIDE A LETTER FROM A PHYSICIAN STATING PERMANENT DISABILITY. (Letter from Social Security will not be accepted)**

e. Did you file a 2019 Federal Tax Return? .... Yes  No   
If **NO**, you **MUST** attach a letter stating you **DID NOT** file.

**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 **2019 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..... \$ \_\_\_\_\_
- 10. Governmental and/or non-profit housing program subsidy..... \$ \_\_\_\_\_

**TOTAL INCOME of Claimant and/or Spouse Add Lines 1 thru 9.** If your income exceeds \$30,000 you will not qualify for the Relief Program ..... \$ \_\_\_\_\_

Qualified applicants **WILL NOT** have to reapply every year **UNLESS** the qualified applicant is currently under a housing subsidy program. 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: \_\_\_\_\_

Claimant's e-mail address: \_\_\_\_\_

**THIS CLAIM MUST BE FILED BY JUNE 30, 2020.**

**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, if subsidized include a copy of the recertification letter with amount of annual subsidy.

**Do NOT send original documents.**