



JOHN K. WEINSTEIN
TREASURER

COUNTY OF ALLEGHENY

OFFICE OF THE TREASURER

108 COURTHOUSE

436 GRANT STREET ♦ PITTSBURGH, PA 15219

Dear Fellow Taxpayer:

Please find enclosed the necessary information and application for the **ALLEGHENY COUNTY SENIOR CITIZEN TAX RELIEF PROGRAM**. This program provides qualified applicants a **30% TAX DISCOUNT** on the gross amount of your county taxes. Please complete the application and return it as soon as possible, postmarked no later than **JUNE 30, 2021**.

Other provisions of the program include the installment plan which allows you the option of paying the gross amount of your county taxes in **TWO EQUAL INSTALLMENTS**. If you choose **NOT** to pay by installments, you will receive an additional **2% TAX DISCOUNT** if you pay your taxes in full by the discount due date each year. Another important note is that you **DO NOT** have to reapply for this relief program each year. You will continue to receive tax relief as long as you are the **OWNER/OCCUPANT**, and your gross household income **DOES NOT EXCEED \$30,000.00 ANNUALLY**.

My office is here to assist you with this program and we strive to make the process easy for you. We will quickly process your application and will send you a discounted bill, or if you have already paid your taxes, you will be sent a refund for the overpaid balance.

If you should have any questions, or need further assistance with your application, please give us a call at the County Treasurer's Office at **412-350-4100** or toll free at **1-866-282-8297 (TAXS)**.
Thank you!

Very truly yours

A handwritten signature in blue ink, appearing to read "John K. Weinstein", is written over a faint, larger version of the same signature.

John K. Weinstein
County Treasurer



COUNTY OF ALLEGHENY

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108 COURTHOUSE

JOHN K. WEINSTEIN

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TREASURER

APPLICATION INFORMATION

To qualify for this program, the applicant must meet **ALL THREE** requirements listed below:

1) LONGTIME OWNER/OCCUPANT STATUS:

An Applicant must meet one of the following:

- a) Must have owned and occupied a primary residence in Allegheny County continuously for the past 10 years. A property owner who has moved within the past 10 years, and has continued to own and occupy the new property as a primary residence, shall be eligible.

OR

- b) Any person or persons who received assistance in the acquisition of the property as part of a government or nonprofit housing program, must have owned and occupied the residence for a minimum of 5 consecutive years.

2) AGE:

- a) Must be age 60 or older, or if married, either spouse must be age 60 or older.
- b) Be a widow or widower age 50 or older.
- c) Be permanently disabled and over age 18 (**MUST BE VERIFIED WITH A PHYSICIAN'S LETTER STATING PERMANENT DISABILITY. A LETTER FROM SOCIAL SECURITY WILL NOT BE ACCEPTED.**)

Must meet the required age by December 31, 2021 to qualify for tax relief in 2021.

Proof of Age: Photo copy of **ONE** of the following:

PA Driver's License, Birth Certificate, PA ID Card or Passport,.

3) INCOME:

Total annual gross household income MUST be \$30,000 or less. For calculating income, use only 50% of your Social Security Benefit, SSI, and Railroad Retirement Tier 1 Benefits (except Medicare benefits); plus, all other income must be added in at 100% in 2020.

Proof of Income: Photo copy of 2020 Federal Income Tax Return (1040, 1040A, 1040EZ).

If you do not file a Federal Income Tax Return, submit photo copies of Forms SSA 1099 (Social Security), 1099R (Pension), 1099G (Government Payments) and photo copies of all other income.

Did you file a 2020 Federal Tax Return?

If a Federal Income Tax Return is **not** filed, a **signed** letter by applicant is required stating a Federal Tax Return **was not** filed.

AN APPLICATION CANNOT BE PROCESSED WITHOUT PROOF OF AGE AND INCOME.



JOHN K. WEINSTEIN
TREASURER

COUNTY OF ALLEGHENY

OFFICE OF THE TREASURER 108 COURTHOUSE
436 GRANT STREET ♦ PITTSBURGH, PA 15219
ACT 77-SENIOR CITIZEN TAX RELIEF APPLICATION

FILL IN BOTH SIDES OF THIS FORM.

2021

APPLICATION
MUST BE FILED
BY JUNE 30, 2021

| | | | | |
|---------------------------|----------------------|----------------------|------------------------------|-----------------------------------|
| 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, 2021

b. A claimant, under age 60 with a spouse age 60 or older as of December 31, 2021

c. A widow or widower age 50 to 60 as of December 31, 2021

Date of Death

d. Permanently disabled and age 18 to 60. **CLAIMANT MUST PROVIDE A LETTER FROM A PHYSICIAN STATING PERMANENT DISABILITY. (Letter from Social Security will not be accepted)**

Did you file a 2020 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 **2020 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, 2021.

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.