



CITY OF PHILADELPHIA

DEPARTMENT OF REVENUE
MUNICIPAL SERVICES BUILDING
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102
215 686-6442
revenue@phila.gov

REAL ESTATE TAX

LOW INCOME AND EXTENDED TERM AGREEMENTS

APPLICATION MUST BE RETURNED TO THIS OFFICE WITHIN 30 DAYS

FAILURE TO RETURN THE COMPLETED APPLICATION AND COPIES OF THE REQUIRED DOCUMENTATION WILL RESULT IN YOUR APPLICATION BEING REJECTED.

IMPORTANT! YOU MUST BE THE OWNER OF RECORD AND RESIDE IN PROPERTY TO APPLY FOR THIS AGREEMENT.

INSTRUCTIONS:

1. See Low-Income Guidelines attached.
2. Complete the enclosed Low Income/Extended Term Agreement Application.
3. Print all information and sign your name.
4. Enclose copies of all required documents. **(DO NOT SEND ORIGINALS, THEY WILL NOT BE RETURNED)**

BEFORE SEALING THE ENVELOPE, MAKE SURE THAT YOU HAVE:

1. Signed the application.
2. Enclosed all copies of required documents.

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INCOME GUIDELINES:

<u>HOUSEHOLD SIZE</u>	<u>GROSS MONTHLY INCOME</u>
1	\$1,396.00
2	\$1,891.00
3	\$2,386.00
4	\$2,881.00
5	\$3,376.00
6	\$3,871.00
7	\$4,366.00
8	\$4,861.00
EACH ADDITIONAL PERSON	\$ 495.00

YOU MUST SUBMIT THE DOCUMENTS REQUESTED BELOW. YOUR APPLICATION WILL NOT BE ACCEPTED IF DOCUMENTS ARE MISSING.

- 1. PROOF OF INCOME FOR EACH HOUSEHOLD MEMBER** (Income must be for the last 30 days).

Examples of acceptable income are:

- Pay stubs
- Letter from employer stating gross and net amounts and pay frequency
- Unemployment compensation award letter or statement
- Worker's compensation award letter or statement
- Court support order
- SS or SSI award letter or printout
- Pension income statement
- Welfare determination letter or statement from caseworker
- Signed and dated letter from individual providing support

- 2. SOCIAL SECURITY CARDS FOR EACH HOUSEHOLD MEMBER.**

- 3. PROOF OF CURRENT MONTHLY HOUSEHOLD EXPENSES** (Food/clothing allowance is given).

Mortgage
Gas
Rent

Electric
Oil
Telephone

Transportation
Medical (paid by you)
Other (paid by you)

REAL ESTATE TAX LOW INCOME AND EXTENDED TERM AGREEMENT APPLICATION

SECTION I

APPLICANT

DATE: _____ PROPERTY ADDRESS: _____

OPA #: _____ TELEPHONE #: _____

FIRST NAME: _____ LAST NAME: _____

SOCIAL SECURITY NUMBER: _____

SECTION II

APPLICANT AND HOUSEHOLD MEMBERS MONTHLY EXPENSES

Mortgage/Rent \$ _____ Gas \$ _____ Oil \$ _____

Kerosene \$ _____ Electric \$ _____ Telephone \$ _____

Other \$ _____ Other \$ _____

TOTAL MONTHLY EXPENSES \$ _____

SECTION III

APPLICANT AND HOUSEHOLD MEMBERS INCOME

List:

Last Name	First Name	SSN	Relationship	Gross Monthly Income	Income Source
			SELF	\$	

I hereby certify that the information furnished herein is true, correct and complete to the best of my knowledge. I understand that if I knowingly make a false statement herein I am subject to such penalties as may be prescribed by statute or ordinance. I hereby authorize any third party to release to the City of Philadelphia any information, financial or otherwise, necessary to certify the validity of this application.

TAXPAYER SIGNATURE: _____

CCR SIGNATURE: _____