



# CITY OF PHILADELPHIA

DEPARTMENT OF REVENUE  
MUNICIPAL SERVICES BUILDING  
1401 JOHN F. KENNEDY BOULEVARD  
PHILADELPHIA, PA 19102  
215 686-6442  
[revenue@phila.gov](mailto: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	\$1,358.00
2	\$1,822.00
3	\$2,285.00
4	\$2,749.00
5	\$3,213.00
6	\$3,677.00
7	\$4,140.00
8	\$4,604.00
<b>EACH ADDITIONAL PERSON</b>	<b>\$ 464.00</b>

**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:

- a. Pay stubs
- b. Letter from employer stating gross and net amounts and pay frequency
- c. Unemployment compensation award letter or statement
- d. Worker's compensation award letter or statement
- e. Court support order
- f. SS or SSI award letter or printout
- g. Pension income statement
- h. Welfare determination letter or statement from caseworker
- i. 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	Electric	Transportation
Gas	Oil	Medical (paid by you)
Rent	Telephone	Other (paid by you)

# REAL ESTATE TAX LOW INCOME AND EXTENDED TERM AGREEMENT APPLICATION

**SECTION I**

**APPLICANT**

DATE: \_\_\_\_\_ PROPERTY ADDRESS: \_\_\_\_\_

BRT #: \_\_\_\_\_ 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: \_\_\_\_\_