COUNTY OF BERKS, PENNSYLVANIA



Services Center, 2nd Floor 633 Court Street Reading, PA 19601

Tax Claim Bureau

Phone: 610.478.6625 Fax: 610.478.6644 E-mail: taxclaim@berkspa.gov

NICOLE E. BLANDING, Tax Claim Director

TAX DEFERRAL PROGRAM APPLICATION

Please complete this form in its entirety, sign and date at the bottom, and return to our office with your check or money order. Thank you.

| TAXPAYER DETAILS: | | | | |
|---|---------------|---------------|----------|----------|
| Name | Date of Birth | | Age | |
| Mailing Address | | | | 1 |
| Phone Number | Email Address | | | |
| PROPERTY DETAILS: | | | | |
| PIN | Assessed Valu | | ed Value | |
| Property Location | District | | | |
| HOUSEHOLD DETAILS: | | | | |
| Income Amount \$ | MONTHLY | | | ANNUALLY |
| Do you own this property? | YES | | | NO |
| Do you reside in this property? | YES | | | NO |
| Does anyone else reside in this property? | YES | | | NO |
| Other Resident 1 | Date of Birth | | | Age |
| Other Resident 2 | Date of Birth | | | Age |
| Other Resident 3 | Date of | Date of Birth | | Age |
| Total Other Income Amount \$ | MONTHLY | | HLY | ANNUALLY |
| DELINQUENT TAX INFORMATION: | | | | |
| TAX BALANCE OWED | AS OF | | | |
| YEARS OWED | ТО | | | |
| I, | | | | |
| Signature | | | Date | |