

Berks County Tax Claim Bureau

PIN _____

AFFIDAVIT OF ELIGIBILITY

SITUS _____

Tax Deferral Program

DISTRICT _____

The taxpayer, _____, Pursuant to Section 504 (a) and (2) of the Real Estate Tax Sale Law of July 7, 1947, P.L. 1368, as amended, 72 P.S. 5860.101, having been duly sworn according to law depose and confirm by my initials next to each of the following statements:

- _____ Applicant is 65 years or older
- _____ Applicant is the record owner of the property located at the above referenced situs
- _____ Applicant currently and permanently resides in said property and it is not designated for commercial use
- _____ Applicant is the sole resident of the property; or, that any person(s) who also claim the property as their residence are at least age 65 or older
- _____ Applicant has a gross household income of no more than \$35,000 annually, which must account for at least 50% of social security earnings being received
- _____ Applicant is aware that the delinquent tax balance currently owed, and any new taxes that become delinquent during their enrollment, are the applicant's responsibility and must be paid in full at the time eligibility ceases to exist
- _____ Applicant is aware that the tax balance will continue to increase monthly for interest and costs accordingly, even when Applicant is actively a part of the program
- _____ Applicant is aware they must renew annually to have eligibility determined; and that previous acceptance into the program does not constitute automatic renewal
- _____ Applicant is aware of the statutory guidelines for eligibility of the Tax Deferral program, and will be in compliance with said terms, notifying the Berks County Tax Claim Bureau of any changes in my circumstance that may affect my eligibility

The undersigned verifies that he/she has read this Affidavit and that the facts contained therein are true and correct to the best of his/her information and belief. This verification is made subject to the penalties of 18 Pa C.S. Section 4904, relating to unsworn falsifications to authorities.

SIGNATURE

DATE

PRINT NAME

RELATIONSHIP TO APPLICANT