

**BOARD OF ASSESSMENT APPEALS  
WESTMORELAND COUNTY**

**GREENSBURG, PA 15601  
(724) 830-3408  
FAX: (724) 830-3852**

**TAX ASSESSMENT EXEMPTION APPLICATION**

**(Completed application should be filed with our office on or before August First.)**

**DATE:** \_\_\_\_\_ **(Example: 04/15/2005)**

**I (we) hereby make application for exemption of real estate taxation on property situated in  
\_\_\_\_\_ (Twp/Borough/City).**

**The property is known as (please give proper street address)**

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**The property is located (please give directions from Court House)**

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**INFORMATION FROM PROPERTY TAX BILL OR TAX ASSESSMENT OFFICE:**

**TAX MAP NUMBER:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**A SEPARATE FORM IS REQUIRED FOR EACH TAX MAP NUMBER.**

**PLEASE ANSWER ALL QUESTIONS ON PAGE 2 AND SIGN YOUR APPLICATION PRIOR TO RETURNING TO THIS OFFICE. THE BOARD WILL NOT CONSIDER YOUR APPLICATION UNLESS THE APPROPRIATE PARTY SIGNS IT.**

**PLEASE ANSWER ALL QUESTIONS**

Attach Additional Documentation If Necessary

- 1. The owner of the property is \_\_\_\_\_.
- 2. The deed was recorded \_\_\_\_\_ in Volume \_\_\_\_\_ Page \_\_\_\_\_ or Instrument No. \_\_\_\_\_.
- 3. Describe the property \_\_\_\_\_  
\_\_\_\_\_
- 4. What use is made of the Property? (Please explain all uses.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. When did such use begin? \_\_\_\_\_
- 6. Does anyone reside on the property?  Yes  No If so, who and why? \_\_\_\_\_  
\_\_\_\_\_
- 7. Is any revenue derived from the property?  Yes  No If so, what is the revenue used for? \_\_\_\_\_  
\_\_\_\_\_
- 8. Are all the real estate taxes paid for the current and past years?  Yes  No
- 9. Under what sub-section(s) of the Pennsylvania Exemption Statute are you applying? \_\_\_\_\_  
\_\_\_\_\_
- 10. If this application is for religious use, when was the property first used for regularly stated religious services? \_\_\_\_\_

**If the property is owned by a corporation, an officer must sign.**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Name Printed \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ Alternate Number \_\_\_\_\_

**APPLICATION MUST CONFORM TO SECTION C OF THE RULES OF APPEAL PROCEDURE. If you are claiming to be a purely public charity under Act 55, please include the following documents: IRS Schedule A Form 990; last 2 years Financial Statements; most recent Pennsylvania Tax Exemption Certificate. The Board may schedule a hearing to gather additional information with respect to your request. All Exemption Applications will be considered by the Board at a public meeting.**