



501 LINCOLN AVENUE - MILLVALE, PA 15209
Phone: 412-821-2777 Fax: 412-821-2717
www.millvalepa.com

20__

FOR OFFICIAL USE ONLY

Received By: _____ Date: _____

Processed By: _____ Date: _____

Approved By: _____ Date: _____

PROPERTY OWNER:

LAST NAME _____ **FIRST NAME** _____ **MI** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

LOT BLOCK NO. _____

DATE OF PURCHASE _____

The property location shown above is claimant's primary residence..... Yes No

If the above property has not been owned and occupied for at least 10 consecutive years, what property did you **OWN and OCCUPY** in the Borough of Millvale as your principal residence prior to purchasing your current residence?

If property contains more than one unit, are any units made available for rental purposes? Yes No

Date of birth _____ Spouses Date of Birth _____

I CERTIFY THAT I AM: (CHECK ONE)

a. A claimant, age 60 or older as of December 31, 2026

b. A claimant, under age 60 with a spouse age 60 or older as of December 31, 2026

Did you file a 2025 Federal Tax Return? Yes No

If **NO**, you **MUST** attach a letter stating you **DID NOT** file.



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SENIOR CITIZEN TAX RELIEF PROGRAM

List below all income received by claimant and/or spouse in the previous year.

Total gross household income must be \$30,000 or less.

PROOF OF INCOME: Copies of your Federal Income Tax return 1040, if you do not file a 1040, copies of your SSA 1099 (Social Security), 1099R (Pension) and copies of any other documents supporting your **2025 income**. *This information will remain confidential.*

- 1. Salary, Wages, Bonuses, Commissions, Unemployment Compensation..... \$ _____
- 2. Social Security, SSI Payments (Total benefits \$ _____ divided by 2)..... \$ _____
- 3. Railroad Retirement Tier 1 Benefits (Total benefits \$ _____ divided by 2) \$ _____
- 4. Pensions, Annuities and IRA Distributions \$ _____
- 5. Interest, Dividends & Capital Gains Income..... \$ _____
- 6. Self Employment, Business Income *(If a loss enter \$0)*..... \$ _____
- 7. Rental Income *(If a loss enter \$0)* \$ _____
- 8. Alimony or Spousal Support..... \$ _____
- 9. Other Income: e.g.: Gambling, Lottery Winnings, Prize Winnings, etc..... \$ _____
- 10. Governmental and/or non-profit housing program subsidy..... \$ _____

TOTAL INCOME of Claimant and/or Spouse Add Lines 1 thru 9. If your income

exceeds \$30,000 you will not qualify for the Relief Program \$ _____

Qualified applicants **WILL NOT** have to reapply every year **UNLESS** the qualified applicant is currently under a housing subsidy program. However, if the annual qualifying income exceeds **\$30,000** in any subsequent tax year or a change in deed ownership occurs, you are **REQUIRED** to notify this office in writing at the address below. An excessive claim made with fraudulent intent can subject the claimant to a misdemeanor punishable by law.

CLAIMANT: I declare this claim is true, correct, and complete to the best of my knowledge and belief.

Claimant's Signature: _____

Preparer's Signature: _____

Claimant's daytime phone number: _____

Claimant's e-mail address: _____

Return Completed Application and required documentation to:

Scott Davis, Millvale Borough Tax Collector

Application CAN NOT be processed without PROOF OF AGE and INCOME.

PROOF OF AGE: Attach **Photo Copy** of Birth Certificate, Driver's License, or Photo Identification. **PROOF OF INCOME:** Attach **Photo Copy** of Federal income tax return (or a letter stating you did not file a Federal Tax Return) or if reporting Social Security Income include a **copy** of SSA 1099, Pensions a **copy** of 1099R, and copies of statements supporting all other reported house hold income, if subsidized include a copy of the recertification letter with amount of annual subsidy. **Do NOT send original documents.**