

LEHIGH COUNTY, PENNSYLVANIA



ACTIVE VOLUNTEER APPLICATION FOR LEHIGH COUNTY REAL ESTATE TAX CREDIT FOR TAX YEAR 20__

Applicant's Name: _____

Applicant's Address: _____

Name of the Lehigh County Fire Department where Applicant is a Volunteer:

Name: _____

With respect to the Applicant's Address noted above, are you the legal owner of the property at that address, either alone or jointly with another or others, and responsible for paying the Lehigh County real estate tax assessed against the property at that address?

Yes No

By executing this Application, I swear or affirm that the information contained herein is true and correct to the best of my knowledge, information, and belief and that this Application is given subject to the penalties for false reporting noted in Lehigh County Ordinance No. 2023-118.

Date: _____

Signature: _____

INSTRUCTIONS:

1. This Certification form is to be completed by an active volunteer of a volunteer fire company, which volunteer has an incident response record of a minimum of twenty percent (20%) of the fire company's emergency response calls between January 1, 20__ and November 30, 20__ or can no longer serve as an active volunteer with the Fire Company due to injury sustained during a response to an emergency call, in which case the individual must provide documentation from a licensed physician to the County with this application. The active volunteer must own property in Lehigh County, must occupy that property in Lehigh County, and must be responsible for paying Lehigh County real estate tax on that property.

2. To be eligible to obtain a real estate tax credit of up to \$150, the active volunteer must meet the criteria noted in Paragraph 1, above, and have been identified as a member in good standing by the Chief of the volunteer fire company listed above.

3. This completed and signed Application must be delivered to and received by the Lehigh County Fiscal Office, Lehigh County Government Center, Room 467, 17 South 7th Street, Allentown, PA 18101 no later than December 15.

****For County Use Only****

Assessment:

Verified Property Owner

Verified Primary Residence

Fiscal:

Total Amount Paid in Taxes \$ _____

Amount of Credit Paid to Other Owner(s) \$ _____

Amount of Credit Due to Applicant \$ _____

Date Credit Processed _____