EAST MANCHESTER TOWNSHIP



Application for the Local Real Estate and Municipal Portion of Earned Income Tax Credit/Refund Program for Volunteer Members of Volunteer Fire Companies and Nonprofit Emergency Medical Services Agencies

*Submission Deadline to Township: March 1st *

Date:	Tax Year:	
Applicant Name:		
Soc Sec. #:(large of the state of the	Do not send application with your social security *YATB requires this*)	# on it. Fill this out when you are
Applicant Address:	Pr	none #:
Parcel ID #:	Eligible Agency Name:	
Eligibility Category: □Emergency Responder	☐ Social / Supporting Member	☐ Injured Volunteer
Total Application Points Accrued (four	nd on Chief's list):	
Please ensure that the following docum	nents are included with this application:	
☐ If applying for local real estate real property taxes for the tax year	e refund: A <u>certification</u> from the Township Tax of ar in which the rebate is requested. <u>Stamped tax</u>	Collector showing the paid Township bills will not be accepted.
☐ Photocopy of applicants' drive	er's license	
☐ Documentation that the tax pa the property to qualify.	id was for qualified real property as defined by t	he ordinance. You shall occupy
provider stating that the injury st	th Eligible Agency and if injured updated docum ill exists and prevents them from qualifying as a Township Ordinances. (Your name should be or	n active volunteer per section
I hereby certify that the information	n contained herein is correct and accurate to	the best of my knowledge.
Applicant Printed Name	Applicant Signature	Date
Agency Supervisor Printed Name	Agency Supervisor Signature	Date
Submit to Manager@EManchester East Manchester Township Attn: M	Twp.com or to lanager; 5080 N Sherman St. Ext., Mount	t Wolf, PA 17347