

**BERKS COUNTY TAX CLAIM BUREAU
SERVICE CENTER, 2ND FL
633 COURT STREET
READING, PA 19601
610-478-6625**

**TAX DEFERRAL OPTION FOR SENIOR CITIZENS
(ACT 220)**

PURPOSE: Pursuant to the subsection 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, et seq.

Permit a delay or stay of a Tax Sale and defer payment of taxes due on the property owned and occupied by senior citizens.

ELIGIBILITY:

1. 65 years of age or older
2. residing in residential real estate
3. solely owned and occupied by people all age **65** or older
4. annual household income including $\frac{1}{2}$ of Social Security is \$35,000.00 or less
5. property taxes must be delinquent

PROGRAM OPTION:

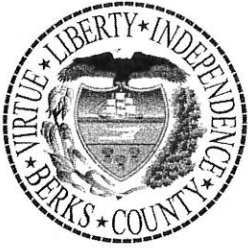
1. Defer taxes until eligible owner transfers title or is no longer the sole occupant of the residence, by placing a lien against property (insurance required). Penalties and interest charged.
2. Must apply annually to remain in the program.
3. Pursuant to Resolution No. 355-11, each senior citizen participating in the program shall be required to a make minimum annual payment of \$500.00

HOW TO APPLY:

Contact the Berks County Tax Claim Bureau at 610-478-6625 or fill out the Application and mail to: Berks County Tax Claim, 633 Court Street, 2nd Fl., Reading, PA 19601

COUNTY OF BERKS, PENNSYLVANIA

Office of the Treasurer



Services Center, 2nd Floor
633 Court Street
Reading, PA 19601-4318

Phone: 610.478.6640
Fax: 610.478.6621
E-mail: dadams@countyofberks.com

A. Dennis Adams, CPA, Treasurer

Socrates J. Georgeadis, Esq., Solicitor

APPLICATION FOR TAX DEFERRAL

Please complete the information requested and return the form to the address listed above.

NAME _____

ADDRESS _____

PHONE NUMBER _____

EMPLOYMENT _____

SOCIAL SECURITY INCOME _____ (Circle one) MONTHLY/YEARLY

OTHER INCOME _____ (Circle one) MONTHLY/YEARLY

DATE OF BIRTH/PRESENT AGE _____

MARITAL STATUS _____

DO YOU OWN THE PROPERTY LISTED ABOVE? (Circle one) Yes No

DO YOU LIVE IN THE PROPERTY LISTED ABOVE? (Circle one) Yes No

ARE THERE ANY OTHER OCCUPANTS? (Circle one) Yes No

IF YES, PLEASE PROVIDE THEIR INFORMATION:

1) Name _____
Age _____
Income _____ (Circle one) Monthly Yearly

2) Name _____
Age _____
Income _____ (Circle one) Monthly Yearly

Please attach a separate paper listing any others residing in the property.

I, _____ verify that the facts set forth in the foregoing are true and correct, to the best of my knowledge, information, and belief. I understand that the statements contained herein are made subject to the penalties of 18 PA C.S.A. Section 4904 relating to unsworn falsification to authorities.

(Applicant's signature)

(Date)

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www.co.berks.pa.us