

TOWNSHIP OF  
**MIDDLETOWN**  
BUCKS COUNTY

## VOLUNTEER SERVICE TAX CREDIT APPLICATION FORM

FIRST NAME

MIDDLE NAME

LAST NAME

TAX YEAR

STREET ADDRESS

CITY, STATE, AND ZIP CODE

MUNICIPALITY OF RESIDENCE

EMAIL ADDRESS

PHONE NUMBER

**Rebate option (choose one):**

☐ **Real Estate Tax**

☐ **Earned Income Tax (EIT)**

**Are you an Injured Volunteer?**

☐ NO

☐ YES\*

*\*If yes, documentation will be required.*

**Associated Volunteer Agency (choose one):**

☐ Langhorne-Middletown Fire Company

☐ Parkland Fire Company

☐ Pennadel Fire Company

☐ William Penn Fire Company

☐ Pennadel-Middletown Emergency Squad

DATE OF BIRTH

DRIVER'S LICENSE NO.

**PLEASE COMPLETE ONLY IF YOU ARE SEEKING A **REAL ESTATE TAX** REBATE:**

TAX MAP PARCEL (TMP) NUMBER (if known)

- Are you listed as the legal owner of this property? ☐ YES ☐ NO
- Do you presently reside at this property? ☐ YES ☐ NO
- Is your spouse or other legal co-owner seeking a tax credit for the same property and tax year? ☐ YES ☐ NO

**ADDITIONAL REQUIRED DOCUMENTS**

- ☐ Receipt from Tax Collector for Tax Year
- ☐ Tax Certificate
- ☐ Copy of Photo Identification
- ☐ Proof of Payment (check or mortgage statement showing escrow of taxes)

**PLEASE COMPLETE ONLY IF YOU ARE SEEKING AN **EARNED INCOME TAX** REBATE:**

SOCIAL SECURITY NUMBER

EIT IDENTIFICATION NUMBER (if known)

**By signing below, I certify that:**

- I have met or exceeded the minimum criteria outlined in the Middletown Township Volunteer Services Tax Credit Incentive Ordinance (§448, Article IX) with the above-identified Volunteer Entity and that my name will appear on the certified list provided by the Volunteer Entity to Middletown Township.
- I acknowledge that the amount of the tax credit I receive will be equal to the full amount of tax paid for the applicable tax type and tax year, up to \$500.00, and that Middletown Township will not provide a credit for taxes paid to other taxing jurisdictions.
- I understand a Real Property Tax Credit will be issued in the form of a check.
- I understand an EIT Credit will be issued in the form of a deduction on my annual EIT return filing.
- I am permitting Middletown Township and its agents to provide my information to the agency(s) necessary to complete my claim.
- I may be subject to a fine and penalty for submitting a falsified claim.
- I have the right to appeal the rejection of my tax credit claim within thirty (30) days of the notice of rejection.

SIGNATURE

DATE

ATTEST (Agency Chief or President)