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 _____

DATE OF BIRTH _____

DRIVER'S LICENSE NO. _____

Rebate option (may choose both):
- ❑ 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
- ❑ Penndel Fire Company
- ❑ William Penn Fire Company
- ❑ Penndel-Middletown Emergency Squad

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) _____