

**APPLICATION FOR TAX EXEMPTION**  
**UNDER CONSOLIDATED COUNTY ASSESSMENT LAW**

To: Clearfield County Board of Assessment Appeals  
230 East Market Street, Suite 117  
Clearfield, PA 16830  
814-765-2641 Ext. 5005

This Application shall be used to file a request for real estate tax exemption under Section 8812 of the Consolidated County Assessment Law. In accordance with Section 8844(c)(2) of the Law, this Application may be filed on or before **September 1** of any year for the next calendar year.

(1) Applicant(s): \_\_\_\_\_

(2) Property Location (911 Address and City/Borough/Township): \_\_\_\_\_  
\_\_\_\_\_

(3) Owner(s) (If different than Applicant(s)): \_\_\_\_\_

(4) Tax Map Number: \_\_\_\_\_ Control Number: \_\_\_\_\_

(5) Address to Which Notice of the Time and Place for a Hearing of the Appeal Shall be Mailed: \_\_\_\_\_  
\_\_\_\_\_

(6) Subsection of Section 8812 of the Law for which the exemption is claimed (e.g. subsection 11: Institutions of Purely Public Charity): \_\_\_\_\_  
\_\_\_\_\_

(7) Please attach or include copies of documentation supporting this Application which Applicant(s) plan to present at hearing.

Applicant(s) Signature(s): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Owner(s) Signature(s) (if different than Applicant(s))

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

E-Mail(s) (Optional): \_\_\_\_\_