



OFFICE OF THE CITY TREASURER

REVEREND DR. MARTIN LUTHER KING, JR.
CITY GOVERNMENT CENTER
HARRISBURG, PENNSYLVANIA 17101-1679

Phone (717) 255-

January 26, 2024

Dear City Resident:

Effective January 1, 2007, the senior citizens of Harrisburg living on fixed incomes at or below the U.S. Department of Health and Human Services poverty guidelines have been granted the opportunity to request a rebate of a portion of their 2024 City Real Estate Tax. Below is the application for that rebate.

The following requirements must be met by all applicants:

1. You and/or your spouse must be the deeded owner of and reside at the property during the year 2024.
2. You and/or your spouse must be at least 65 years old during the year 2024.
3. The deeded owner's income must be at or below the poverty level which is \$15,060 for one person and \$5,380 for each additional person in a household.
4. A copy of your 2023 Federal Income tax forms and/or Social Security Benefits documentation confirming proof of income must be attached to the application.
5. A copy of your driver's license confirming proof of age and residency must be attached to the application.
6. The 2024 City Real Estate Tax must be paid before or at the time of application.
7. All utilities, liens and prior year taxes must be current.
8. All information on the application form must be completed.
9. All Rebate applications must be delivered in person to the City Treasurer's office before 4:00 PM on **May 31, 2024**.
10. Tax payment plans are not eligible for the rebate.

The City Treasurer has the sole authority to grant or deny the 2024 City Real Estate Tax Rebate.

If you have any questions, please call (717) 255-3046.

Sincerely,

Dan Miller
City Treasurer

Cc: Celia Spicher
File

2024 City Real Estate Tax Rebate Application

Applicant Name: _____

Address _____
Street Number Street Name City, State, Zip

Mailing Address (if different from above)

Street Number Street Name City, State, Zip

Telephone Number () _____

Date of Birth _____ Social Security Number _____

Name to Appear on Check: _____

Mailing Address for Check: _____
(No P.O. Box Numbers) Street Number Street Name City, State, Zip

Names, Ages and Annual Income of All Persons Residing in Household:

Name	Age	Annual Income
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Household Income: \$ _____

I hereby certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine and/or imprisonment (18 PA C.S. Section 4904).

Signature of Applicant

Date