



CITY OF ALLENTOWN
REVENUE & AUDIT BUREAU
2024 MUNICIPAL WASTE & RECYCLING
AND WATER & SEWER REBATE FORM

RETURN TO:
435 W HAMILTON ST RM 215
ALLENTOWN PA 18101
Due: June 30, 2025

A. CLAIMANT (Please Print)	Name (Last, First, Middle Int.)	Social Security Number	Date of Birth (MM/DD/YY)
Claimant			
Spouse			
Service Address			

B. REBATE QUALIFICATIONS: I certify that:

- The residence is a single family dwelling, owned and occupied by the claimant the entire calendar year **2024**.
- As of **December 31, 2024**: (please check which applies)
 - ☐ claimant age 65 or older
 - ☐ claimant married to spouse age 65 or older as of **December 31, 2024**, who resided in the same household
 - ☐ claimant permanently disabled (**Attach copy of doctor's certificate**)
- The total household income from all sources does not exceed **\$34,450.00**.
- The request for rebate form is complete, includes all necessary documentation and is postmarked on or before **June 30, 2025**.

C. Complete this section if you have applied for the State Property Tax Rebate as an owner for 2024-(Attach State Form)

- Total income of claimant and spouse for 2024 \$ _____

D. Complete this section if you have NOT applied for the State Property Tax Rebate OR you are unable to attach a copy of the State Form. Include the combined income of claimant and spouse. (Attach Proof of Income)	
Type of Income (See Instructions for Definitions)	2024 Income (Omit Cents)
1. Social Security, SSI Payments and Railroad Retirement Benefits (These are similar to W-2's)	\$
	\$
2. Pensions & Annuities, List Source:	\$
3. Interest/ Dividends/ Capital Gains	\$
4. Net Rental Income	\$
5. Net Business Income (Include Profit & Loss Statement)	\$
6. Other income such as wages-also include gifts in excess of \$300 total for year and life insurance benefits and proceeds in excess of \$5000	\$
	\$
	\$
7. Total Household Income (Sum 1-6)	\$

SEE BACK OF PAGE FOR SIGNATURE

E. CERTIFICATION AND SIGNATURE:

CLAIMANT: I certify this claim is true, correct and complete to the best of my knowledge and belief and this is the only claim filed by members of my household. I understand that any person who willfully makes any false or untrue statement on this claim for rebate shall upon conviction before any District Justice of the County of Lehigh be sentenced to pay a fine not to exceed the sum of Three Hundred Dollars (\$300.00) for each offense, and, in default of payment of fine or costs, shall be imprisoned in the Lehigh County Prison for a period not exceeding ninety (90) days for each

Claimant's Signature & Date	Spouse's Signature & Date
Power of Attorney (please print)	POA Address
POA Signature & Date	POA Phone Number
Preparer (if other than the claimant) (please print)	Preparer Address
Preparer Signature & Date	Preparer Phone Number

***NOTE: Power of Attorney form must be attached if signing for claimant**

For Information or Assistance: Call 610-437-7506