

HARDSHIP FORM



To apply for hardship review, complete this form and submit it and any supporting documentation with your **Property Tax Relief Application**. You may qualify for property tax relief if the County finds that you will have extreme financial hardship without it.

Applicant's Last Name First Name Middle Initial Date of Birth

Co-Applicant's Last Name First Name Middle Initial Date of Birth

Address City & State Zip Code Property Account Number

List all household members living in the home during the previous year (*additional sheets can be submitted if needed*):

Name Age Relationship Name Age Relationship

Financial Summary

You must include information for self and all others living at the home. Attach additional sheets if necessary.

INCOME (include all sources of income or benefits) Total Monthly Income: \$ _____ <i>Attach explanation of the sources of income and/or benefits</i>	EXPENSES: (list all significant recurring expense) Mortgage: \$ _____ Utilities: \$ _____ Insurance: \$ _____ Motor Vehicle: \$ _____ Other (please list below): \$ _____ Total Household Expenses: \$ _____
ASSETS (total in all savings, checking, CDs, etc.) Checking: \$ _____ Savings: \$ _____ Other (please list below) \$ _____ Total Value of Assets: \$ _____	

Have you transferred any assets to someone else, or to a Trust, within the past three years? ☐ Yes ☐ No

If "yes" please attach a statement explaining the details of the transfer.

Under my extreme hardship I am unable to pay my property tax obligation, and I am applying for tax relief for these reasons (PLEASE EXPLAIN and attach additional sheets as necessary):

Sworn Statement

Under penalties of perjury, I declare to the best of my knowledge and understanding that the information supplied on this application and all documents included are true, correct, and complete

Signature Date Signature Date
(If home is owned in joint tenancy.)

