

HARDSHIP APPLICATION PACKET

Property taxes are a responsibility of owning property. However, real and personal property belonging to a person who, because of unusual circumstances which affect their ability to pay, can be relieved of paying the tax in order to avoid undue hardship. The County Board of Equalization shall make the decision concerning hardships. The exemption may be granted by the Board of Equalization, at any time during the year for the current year taxes or third year delinquencies.

Applicant can pick up an approved application at the Bonner County Treasurer's Office or the Bonner County Assistance Office.

Applicant shall be responsible for providing copies of supporting documentation for any income, resources of assets on the application as well as, copies of all documentation requested on the face sheet of the application or information requested after the determination of eligibility.

After completion of the forms and collecting all requested information, return the packet to the Bonner County Tax Collectors office to be reviewed by the Commissioners.

RETURN TO:

**Bonner County Treasurer
1500 Hwy 2 Suite 304
Sandpoint, ID 83864**

HARDSHIP APPLICATION

NAME: _____ PHONE: _____

ADDRESS: _____

I am applying for an exemption of _____% of my property taxes on the following parcel(s):

Parcel No: _____

I can afford monthly payments of \$ _____ toward my property tax bill.

Can anyone else help with your property tax load? Yes _____ No _____

If yes, list dollar amount of contribution \$ _____

I have **SOLD** or **GIVEN AWAY PERSONAL PROPERTY**: Yes _____ No _____
In the past year. (furniture, appliances, automobiles, money etc.)

I have **SOLD** or **GIVEN AWAY REAL ESTATE** in the past: Yes _____ No _____
Year. (land, buildings, mobile homes, etc.)

DESCRIPTION WHEN SOLD NET WORTH AMOUNT RECEIVED PURCHASER

Does applicant or any member of household have any **ACTIONS PENDING FROM WHICH THEY MAY RECEIVE MONEY**, such as a lawsuit, inheritance, accident claim, divorce, insurance settlement, etc?

Yes _____ No _____ If YES, enter explanation, approximate amount and date expected to
Receive money.

COMMISSIONER'S ACTION

DATE: _____

APPROVE

DISAPPROVE

COMMENTS: _____

SIGNATURES: _____

ASSISTANCE REQUESTED

Briefly explain why you feel you currently need assistance. Summarize any special circumstances in which you feel might help determine your eligibility.

INFORMATION REQUIRED WHEN APPLYING FOR HARDSHIP APPLICATION

- 1. Complete Personal Information portion of Application (pg #6) and provide copies of:
 - A. Picture ID of Applicant & Spouse.
 - B. Social Security Card of Applicant, Spouse, Children and any other member in household.
 - C. Dates of Birth for Applicant, Spouse, Children and any other members in household.

- 2. Complete Asset portion (pg #7) and provide copies of:
 - A. Copy of Federal Tax return.
 - B. Copy of State Tax return.
 - C. Checking & Savings account statements for the past 6 months
 - D. Medical & Life Insurance Policies: Need copy of policy, including name, address and policy numbers. Medical payments and medication bills.
 - E. List and provide value of all assets.

- 3. Complete Income portion (pg #8) and provide copies of:
 - A. Verification of income in writing and payment stubs. If unemployed, please Submit unemployment determination from Job Service.
 - B. Proof of application for other services (food stamps, AFDC, etc.) If receiving Any other services, please provide proof of monthly allocation.
 - C. Information regarding bankruptcy, divorce, child support.

- 4. Complete Expense portion (pg #9) and provide copies of:
 - A. Recent rent receipts or house payment receipts and balance due.
 - B. Utility receipts or present bills, include all expenses listed.
 - C. Present Bills owing.

- D. Financial information regarding loans, car payments, charge accts, bank cards.
- E. Property Tax Statements.

Please complete the attached forms. When all the above information has been gathered and the forms completed, please call 265-1433 for an appointment.

THE ABOVE INFORMATION IS REQUESTED FOR ALL MEMBERS OF
HOUSEHOLD

PERSONAL INFORMATION SHEET

This box office use only

Application Date:	Taken By:	
In County Since:	Past County Assist:	Date:

Applicant Information

Name:	Spouse:
Birth Date: Sex: M F	Birth Date: Sex: M F
Soc. Sec #:	
Street Address:	
Mailing Address:	
City/State/Zip:	
Home Phone:	
Employer:	
Employer Phone:	
Marital Status: As of:	Marital Status: As of:
Do you Qualify for Veterans Assistance? Yes or No	Do you Qualify for Veterans Assistance? Yes or No

Other Household Members

Name:	Soc. Sec #:
Birth Date: Sex: M F	Live With? Y N Relationship
Employer's Name:	
Employer's Address:	
Employer's Phone:	
Name:	Soc. Sec #:
Birth Date: Sex: M F	Live With? Y N Relationship
Employer's Name:	
Employer's Address:	
Employer's Phone:	
Name:	Soc. Sec #:
Birth Date: Sex: M F	Live With? Y N Relationship
Employer's Name:	
Employer's Address:	
Employer's Phone:	
Name:	Soc. Sec #:
Birth Date: Sex: M F	Live With? Y N Relationship
Employer's Name:	
Employer's Address:	
Employer's Phone:	

ASSETS for Entire Household	(Even Dollars)
(List Detailed Information)	Net Value
Cash on Hand	
Bank Accounts: Checking Account No:	Bank:
Checking Other:	Bank:
Savings Acct. No:	Bank:
Savings Other:	Bank:
Certificate of Deposit:	Company:
Cash Value-Life Insurance:	Company:
Tax Refunds Due: Federal:	State: Other:
IRA's:	
Other Retirement Cash Value	
Stocks/Bonds/annuities:	
Accounts/Notes Receivable-From:	
Accounts/Notes Receivable-Other:	
Mutual Funds:	
Safety Deposit:	
Other Assets:	

Real / Personal Property	Current Value	Amount Owed	Net Value
Mobil Home:			
Year/Make/Model:			
Real Estate (address)			
Vehicles: Cars Year: Make:			
Trucks Year: Make:			
Vans Year: Make:			
Motorcycles Year: Make:			
RV's Year: Make:			
Campers Year: Make:			
Snowmobiles Year: Make:			
Boats Year: Make:			
Farm Equipment/Machinery:			
Personal Property:			
Tools of Trade:			
Other Assets: (furniture, Jewelry, guns, livestock, computers)			
Total Assets:			

Monthly Household Income

DESCRIPTION	SELF	SPOUSE/HSHLD	TOTAL
Wages-Employer:			
Wages-Employer:			
Wages-Other:			
Interest Income Source:			
Child Support:			
Alimony:			
Social Security Retirement:			
Socila Security Disability:			
Supplemental Security Income (SSI):			
VA Compensation:			
VA Pension:			
Other Retirement-Source:			
Welfare Assistance-Specify:			
AFDC:			
Food Stamps:			
Tribal Commodities:			
Other Tribal Assistance:			
Vocation Rehabilitation:			
Workman’s Compensation: Weeks Remaining:			
Unemployment: Weeks Remaining:			
Union Benefits:			
Insurance Income:			
Escrow’s:			
Rentals:			
Loans-Specify:			
Grants:			
Sale of Products-Farm, Mfg, Other:			
Contributions:			
From Church / Organizations:			
From Family Members:			
From Family Members:			
Other – Specify:			
Total Monthly Income			

MONTHLY HOUSEHOLD EXPENSES

DESCRIPTION	Monthly Exp	Total Owing	Past Due
Rent/Mortgage			
Groceries/Misc:	Food		
	Non-Food		
Utilities:	Electricity		
	Heat-type		
	Water/Sewer/Trash		
	Telephone		
	Other (Cable TV, etc)		
Insurance:	Health		
	Home		
	Life		
	Auto		
	Other		
Transportation:	Car Payment		
	Fuel		
	Maintenance		
	Other		
Medical:	Doctor		
	Hospital		
	Medications		
	Other: Dental/Optical		
	Property		
Taxes:	Property		
	LID		
	Other		
Child Care:			
Contract Payments:	Loans/Notes		
	Credit Card (type)		
	Credit Card (type)		
	Other		
Clothing:			
Court Ordered:	Child Support		
	Garnishments		
	Fines		
Other-Itemized:			
TOTAL MONTHLY EXPENSES:			

INFORMATION RELEASE

I, _____, Willfully cooperate with and supply all information requested to the representative of Bonner County in order that my application can be acted upon within a reasonable time. I also request my relatives, my banker, my credit union, the credit bureau and any other persons or organizations including the State Department of Health, Veteran’s Administration, Law Enforcement Agencies, Courts, and the Idaho Department of Employment or employer, having information concerning me or my circumstances, to provide the information to representatives of Bonner County, insofar as it is pertinent to my application. I hereby authorize a Photo Copy or a carbon original of this agreement to be use when necessary and give it the full force as the original. This release will be valid for one year from the date of signature. I hereby authorize Bonner County and its representatives to release pertinent information regarding my application, the contents thereof, and action taken thereon to all parties of the interest as are contemplated by Chapter 1 of Title 63 of the Idaho Code.

OATH

I HEREBY SOLEMNLY SWEAR AND AFFIRM THAT I HAVE FULLY EXAMINED AND UNDERSTAND THE CONTENTS OF THE APPLICATION FOR COUNTY ASSISTANCE ATTACHED HERETO AND THE INFORMATION SET FORTH THERIN, AS PROVIDED BY MEN, IS TRUE AND CORRECT. I UNDERSTAND THAT ANY INFORMATION GIVEN OR WITHELD IN REGARD TO MY APPLICATION IS SUBJECT TO INVESTIGATION. UPON RECOGNITION OF ANY FALSEHOOD THERETO, THE APPLICATION SHALL BE DENIED AND I CAN BE HELD LIABLE TO PROSECUTION FOR PERJURY TO THE FULLEST EXTENT OF THE LAW. PURSUANT TO IDAHO CODE 31-3516, PERJURY IS A MISDEMEANOR, PUNISHABLE BY IMPRISONMENT, NOT TO EXCEED SIX (6) MONTHS, OR A FINE NOT TO EXCEED \$300.00.

DATED this _____ day of _____ 20____

Applicants Signature

Witness