_____
TAX YEAR

APPLICATION FOR HARDSHIP EXEMPTION
(Idaho Code Section 63-711)

TO THE BOARD OF COMMISSIONERS OF SHOSHONE COUNTY, IDAHO:

Application is hereby made for cancellation of property tax due to a hardship and in support thereof, the following sworn statement is submitted, as required by Idaho code Section 63-711:

I, _____, do solemnly swear or affirm that I make this application on
(PRINT FULL NAME)
behalf of _____ (need only be completed if applying for someone other than yourself), hereinafter referred to as claimant.

CLAIMANT INFORMATION

Mailing Address: _____ Age:_____

_____Phone:_____

Tax Parcel#_____ (PLEASE ATTACH COPY OF TAX NOTICE)

Location of Property:_____

Legal Description and/or street address:_____

_____

Personal Property:_____

_____

Please describe the unusual circumstances which affect your ability to pay the property taxes on the above-describe property (attach additional pages, if necessary):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SHOSHONE COUNTY, IDAHO
INDIVIDUAL FINANCIAL STATEMENT
(CONFIDENTIAL)

---Please Print---

Claimant:_____Married: Yes_____ No_____

Name of Spouse and/or Dependants:_____
_____
_____
_____

Name of Employer (list all persons residing with you and their employer(s) name:_____
_____
_____
_____
_____

Have you applied for a Circuit Breaker? Yes_____ No_____

FINANCIAL STATEMENT
(Hardship Tax Cancellation)

Assets:

Name/Address of Banks		Amount
Checking Account #		$
Checking Account #		$
Savings Account #		$
Savings Account #		$
Stocks, Securities, Bonds, IRA's, Etc		$
Other Assets:		$
Tax Refunds: Federal	State Date Received/Expected	$

Income:

Description	Source	Self	Spouse	Other Hshld Members
Net Wages – Employer		$	$	$
Child Support		$	$	$
Social Security		$	$	$
Other Retirement		$	$	$
Other (Specify)		$	$	$

Expenses

Description	Monthly	Past Due	Balance
Rent/mortgage (to whom):	$	$	$
Groceries/Misc: Food:	$	$	$
Non-Food:	$	$	$
Utilities: Electricity	$	$	$
Heat/Type:	$	$	$
Water/Sewer/Trash:	$	$	$
Telephone:	$	$	$
Other (Cable, etc.):	$	$	$
Insurance: Health & Accident	$	$	$
Home:	$	$	$
Life:	$	$	$
Auto:	$	$	$
Transportation: Car payments:	$	$	$
Fuel:	$	$	$
Maintenance:	$	$	$
Medical: Doctors:	$	$	$
Hospitals:	$	$	$
Medications:	$	$	$
Contract Payments/Loans/Notes:	$	$	$
Credit Cards:	$	$	$
Charge Accounts:	$	$	$
Other Expenses (specify):	$	$	$
	$	$	$
	$	$	$
	$	$	$

Total Monthly Income = $ **Total Expenses = $** **Difference = $**

I hereby swear or affirm that to the best of my knowledge the information provided herein is true and correct.

_____ _____
(Date) (Signature)

_____ _____
(Date) (Signature)