

SECTION 3. - MONTHLY INCOME

List your gross wage and net wage for the previous calendar month. Gross wage is the money you earn before tax deductions and net wage is the money you earn after tax deductions.

- a. Gross Wage \$ _____
- Net Wage \$ _____
- b. Employer _____

List all other sources of income from the prior month

- c. Social Security (after Medicare Premium) \$ _____
- d. Retirement \$ _____
- e. Veteran's Benefits \$ _____
- f. Unemployment \$ _____
- g. Health and Welfare \$ _____
- h. Social Security Disability \$ _____
- i. Alimony \$ _____
- j. Child Support \$ _____
- k. Food Stamps \$ _____
- l. Interest \$ _____
- m. Dividends \$ _____
- n. Rental Income \$ _____
- o. Escrow \$ _____
- p. Fuel Crisis Moneys \$ _____
- q. Income Tax Refunds \$ _____
- r. Other _____ \$ _____

TOTAL Income for the previous month; \$ _____
 Add lines a. through r.

SECTION 4. - MONTHLY EXPENSES

List all of your expenses by month; include the names of your creditors (if applicable), your monthly payments and the total balance owed to each creditor.

Expense	Creditor	Monthly Payment	County Use Only
a. Mortgage	_____	\$ _____	\$ _____
b. Space Rent	_____	\$ _____	\$ _____
c. Food	_____	\$ _____	\$ _____
d. Non-Food	_____	\$ _____	\$ _____
e. Clothing	_____	\$ _____	\$ _____
f. Electricity	_____	\$ _____	\$ _____
g. Water/Sewer/Garbag	_____	\$ _____	\$ _____
e			
h. Heat	_____	\$ _____	\$ _____
i. Telephone	_____	\$ _____	\$ _____
j. Trans/Gas	_____	\$ _____	\$ _____
k. Car Payment	_____	\$ _____	\$ _____
l. Auto Insurance	_____	\$ _____	\$ _____
m. Health Ins.	_____	\$ _____	\$ _____
n. Life Ins.	_____	\$ _____	\$ _____
o. Home/Fire Insurance	_____	\$ _____	\$ _____
p. Hospital	_____	\$ _____	\$ _____
q. Doctors/Dentis	_____	\$ _____	\$ _____
t			
r. Prescription	_____	\$ _____	\$ _____
Medication			
s. O/C Meds	_____	\$ _____	\$ _____
t. Child Care	_____	\$ _____	\$ _____
u. Other	_____	\$ _____	\$ _____

TOTAL monthly expenditures and total balances owed (add lines a. through u.) \$ _____ \$ _____

COUNTY USE ONLY

TOTAL INCOME \$ _____
TOTAL EXPENSE \$ _____
DISPOSABLE \$ _____

Are taxes and/or homeowner's insurance included in your monthly mortgage payment? Yes No

SECTION 5. - CIRCUIT BREAKER INFORMATION

Did you apply for a Circuit Breaker Tax Exemption for the current year? Yes (please attach a copy of your application) No
 Did you apply for a Circuit Breaker Tax Exemption for the previous year? Yes No
 If you received a Circuit Breaker Tax Exemption for the previous year, how much was it for? \$ _____

SECTION 6. – ASSETS (If you are attaching a current year circuit breaker application, skip to question “ f ”

a.	Cash on hand	\$ _____				
b.	Savings Account	\$ _____	Name on Bank and Account Number _____			
c.	Checking Account	\$ _____	Name on Bank and Account Number _____			
d.	Stocks/Bonds/CD's	\$ _____	Description _____			
e.	Other	\$ _____	Description _____			
f. List all of the real property (including your current residence) that you own or are in the process of purchasing.						
<u>Parcel No.</u>	<u>Physical Address</u>	<u>Assessed Value</u>	<u>Income from Property</u>	<u>Monthly Payments</u>	<u>Balance Owed</u>	<u>Date Acquired</u>
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	____/____/____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	____/____/____
g. List all property that you have sold in the past 3 years.						
	<u>Physical Address</u>	<u>Amount Sold for</u>	<u>Amount Owed</u>	<u>Net Profit</u>		
_____	_____	\$ _____	\$ _____	\$ _____		
_____	_____	\$ _____	\$ _____	\$ _____		
h. List all of your vehicles, mobile homes, trailers, motor homes, boats, livestock, farm equipment, snowmobiles, etc.			i. List all property, which exceeded \$500.00 in value that you have transferred to another person in the past 3 years.			
<u>Description of item (year, make, model)</u>	<u>Value</u>	<u>Description of item</u>	<u>Value</u>			
_____	\$ _____	_____	\$ _____			
_____	\$ _____	_____	\$ _____			

SECTION 7. - SPECIAL CIRCUMSTANCES

Describe any special or unusual circumstances that affect your ability to pay the ad valorem taxes on the property mentioned in Section 6. If necessary, you may use additional sheets of paper.

What year(s) are you requesting an exemption or cancellation of property taxes? _____

SECTION 8. - FOR YOUR SIGNATURE

I CERTIFY, to the best of my knowledge and belief that the information provided herein is true and correct.

_____/____/____
Applicant's Signature Date

I have assisted the applicant with completing this form:

_____/____/____
Signature Date

SECTION 9. - NOTARY PUBLIC

Subscribed and Sworn before me on

This _____ day of _____, _____.

Notary Public _____

Residing at _____.

Notary Expires _____/____/____
Date

FOR COUNTY USE ONLY

SECTION 10. – TAX WORKUP as of _____ day of _____, **2017.**

Circuit Breaker for 20_____.

Applied for \$ _____

Approved \$ _____

Denied

Did not apply as of _____

Circuit Breaker for Previous Year.

Applied for \$ _____

Approved \$ _____

Denied

Did not apply as of _____

1. Property Search

Parcel No. _____

Physical Address _____

Legal Description _____

Assessed Value

\$ _____

YEAR	TAXES	+ CERTIFICATIONS	+ PENALTY AND FEES	+ INTEREST FORGIVEN	- AMOUNT PAID	= TOTAL BALANCE OWED
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

2. Property Search

Parcel No. _____

Physical Address _____

Legal Description _____

Assessed Value

\$ _____

YEAR	TAXES	+ CERTIFICATIONS	+ PENALTY AND FEES	+ INTEREST FORGIVEN	- AMOUNT PAID	= TOTAL BALANCE OWED
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

Assessor's Office

Review Date: _____

- All sections Completed
- Income Verified
- Circuit Breaker Verified
- Home Owners Verified
- Vehicle Ownership Verified
- Applicant signed Section 8

Reviewed by: _____

Treasurer's Office

Review Date: _____

- Delinquent Taxes
- No Delinquent Taxes
 - Delinquent Taxes, Penalties and Interest
 - Tax Statement Attached

Reviewed by: _____

Clerk's Office

Review Date: _____

- All sections Completed
- Applicant signed Section 8
- Hearing Scheduled
- Applicant Signed for hearing
- Calendared before BOCC
- Copies to Assessor/Treasurer

Reviewed by: _____

RELEASE OF INFORMATION

In order to cooperate fully with the investigation and determination of my application for property tax relief, I hereby authorize representatives from the Power County to discuss my application with and to secure information, data, copies and records from my relatives, bankers, credit unions, physicians, hospitals, creditors and any other persons or organizations including, but not limited to, the State Department of Health and Welfare, Social Security Administration, all branches of the United States Military, Tribal Records, law enforcement agencies, courts, Idaho Department of Labor, or employers having any information concerning me or my circumstances that said county representative feels is pertinent to the investigation of my application.

I hereby authorize Power County to release to and exchange pertinent information regarding this application, the contents thereof and action taken thereon with all parties of interest including, but not limited to, those listed herein. I acknowledge that my application for property tax relief waives any and all confidentiality granted by state or federal law to the extent necessary to carry out the intent of Idaho Code Title 63 Chapters 6 and 7 regarding my application. I hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

I understand that I may revoke this consent at any time by submitting a written document signed by me and notarized to Power County except to the extent that action has been taken in reliance on it, and that unless consent is sooner revoked, this release is valid as long as it is pertinent to this application. I also understand that if I revoke this consent, to the extent it prevents or substantially interferes with the completion of the investigation of my application, it may result in my application being denied.

By my signature I apply for county property tax relief and I hereby certify under penalty of perjury that the information contained in my application is true and correct to the best of my knowledge.

Dated this ___ day of _____, 20_____.

Signature of Applicant

Signature of Spouse

NOTARY

On this __ day of _____, 20_____.

_____ personally appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is(are) subscribed to this instrument and acknowledged to me that he/she (they) executed the same.

S E A L

Notary Public for Idaho
Residing at: _____
My Commission Expires: _____