



# Ada County Property Tax Cancellation/Exemption Application

**Questions?** Contact the Ada County Indigent Services at 287-7960. Return the completed application to the Ada County Indigent Services at 252 E. Front Street, Suite 199, Boise, Idaho 83702.

## SECTION 1. - APPLICANT INFORMATION

Applicant \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Veteran  
First Middle Last Yes No

Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Street City State Zip Code

Parcel Number of Property \_\_\_\_\_ Property Owner's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is the applicant the legal owner of the property?  Yes  No If no, explain - attach separate page if necessary.

Does the applicant reside on the property?  Yes  No If no, explain - attach separate page if necessary

Marital Status:  Married  Divorced  Widow(er)  Separated  Single

If Married or Separated:  
 Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Veteran  
First middle Last Yes No

Spouse's Address, if not living in your household \_\_\_\_\_  
Street City State Zip Code

## SECTION 2. - HOUSEHOLD MEMBERS

List the names, ages and relationships of all individuals living in the household.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Employer</u>	<u>Date of Employment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## SECTION 3. - CIRCUIT BREAKER INFORMATION

Did you apply for a Circuit Breaker Tax Exemption for the current year?  Yes  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 4. - 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 5. - 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 Garbage	_____	\$ _____	\$ _____
h. Heat	_____	\$ _____	\$ _____
i. Telephone	_____	\$ _____	\$ _____
j. Trans/Gas	_____	\$ _____	\$ _____
k. Car Payment	_____	\$ _____	\$ _____
l. Auto Ins.	_____	\$ _____	\$ _____
m. Health Ins.	_____	\$ _____	\$ _____
n. Life Ins.	_____	\$ _____	\$ _____
o. Home/Fire Ins.	_____	\$ _____	\$ _____
p. Hospital	_____	\$ _____	\$ _____
q. Doctors/ Dentist	_____	\$ _____	\$ _____
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





**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 Ada County Indigent Services Department 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 Ada 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 to the Ada County Indigent Services Department a written document signed by me and notarized 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 \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

**NOTARY**

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_,

\_\_\_\_\_ 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:

Required Documents for Tax Hardship Applications:  
*PLEASE PROVIDE ANY THAT ARE APPLICABLE TO YOUR APPLICATION. IF YOU  
HAVE ANY QUESTIONS, YOU MAY CALL (208) 287-7960*

ASSETS:

1. Copy of documentation of wages for past 6 months. Applicants may submit the most recent pay stub(s) if year-to-date information is shown on the pay stub.
2. Copy of documentation of income sources listed in Section 4, lines C through R, of the application.
3. Copies of statements for all savings, checking, or investment accounts for the last six months.
4. Copies of documentation showing current assessed values, loan balances and current monthly payments for all real property you own or are in the process of purchasing other than the property in question.
5. Copies of closing or settlement documents showing monies received and/or disbursed to others for all property you have sold in the past three years.
6. Copies of documentation showing transfers of property valued at more than \$500.00 made to you or by you in the last three years.

EXPENSES:

7. Copy of mortgage statement showing current payment amount and balance due on loan.
8. Copies of utility bills. Utility bills include Idaho Power, Intermountain Gas, water, sewer, trash, and telephone.
9. Copy of documented proof of auto payments, including current payment amount and balance due on loan.
10. Copies of auto insurance statements for all vehicles you own, including current payment amount, total premium amount and premium coverage dates.
11. Documented proof of health, life, home, or fire insurance payments, including total premium amount and premium coverage dates.
12. Documented proof of payment of hospital, physician or other health care provider payments for the past six months.
13. Documented proof of prescription medication costs for the past six months. This may be obtained by requesting a printout from your pharmacy and should include cost.
14. Listing of over the counter medications including dosage, costs and/or payment receipts.
15. Documented proof of childcare costs, including payment receipts, current payment amount and/or subsidies received for the past 6 months.

MEDICAL INFO:

16. Copy of physician's medical statement/letter regarding ability to work if applicable.