



KOOTENAI COUNTY

BOARD OF COMMISSIONERS

CHRIS FILLIOS • LESLIE DUNCAN • BILL BROOKS

KOOTENAI COUNTY HARDSHIP APPLICATION

Bring the following documents to your scheduled interview. Failure to do so could result in the rescheduling of your appointment. Important: Where indicated, bring all documents pertaining to all current adult members of your household. All documents are due within 30 days from the receipt of application.

- _____ Driver's licenses or ID cards for all adult members of the household
- _____ Social Security cards for all members of the household
- _____ Property: Description, sales agreement, escrow papers, property tax statements, and any other property and property tax documents for all properties you own or are buying.
- _____ Latest federal and state income tax returns filed and W-2 forms.
- _____ Checking and savings accounts: Bank statements **for the past six months for all members of the household.**
- _____ Income verification **for the past six months** for all the adult members of the household: check stubs or employer statements, documents stating monthly benefit amounts for Social Security Disability (SSD) and/or Supplemental Security Income (SSI), veteran's pensions, life insurance, unemployment compensation, etc.
- _____ If unemployed and not disabled (any adult household member): Documented proof of registration at Job Service; also provide unemployment compensation determination, if applicable.
- _____ If unemployed and unable to work (any adult household member): A doctor's letter stating you are unable to work.
- _____ Child support/alimony/divorce documents, including any monthly payment amounts received by any adult household member.
- _____ Health and Welfare benefits: Notice of Decision, showing current benefit amounts, including food stamps, for all members of the household.
- _____ Current receipts, bills, related documents (including balances due) for all household members, even if payments are not currently being made.
- _____ Bankruptcy documents for all household members.
- _____ Assets: Information and documents, including value, to verify assets such as stocks bonds, IRAs, 401-Ks, mutual funds, CDs, trusts, annuity, inheritance, retirement accounts, etc., for all household members.
- _____ Assets, Other: List all other assets, including value, such as all vehicles, travel trailers, recreational vehicles, equipment, etc., for all household members.

APPLICANT SIGNATURE

DATE

INTERVIEWER SIGNATURE

KOOTENAI COUNTY HARDSHIP APPLICATION

FOR OFFICE USE ONLY:	APPLICATION NO. PARCEL NO. NAME:
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First Name	Middle Initial	Last Name	Date of Birth
Residence Address	City	County	State
Zip Code			
Mailing Address (if different)	City	County	State
Zip Code			
Home Phone Number ()	Message Phone ()	Last County and State of Residence	
Widow/Widower: Yes/No		Veteran: Yes/No	

Please answer these questions about all persons currently living in your household.				
NAME (First, Middle, Last)	Relationship to Applicant	Age	Student Yes/No	Employed Yes/No
Applicant	SELF			

Have you ever applied for property tax hardship exemption in Kootenai County in the past?
 Yes _____ No _____

List your present or most recent employers for each adult household member:

1. Applicant:

Name & address of employer: _____

Hourly wage: \$ _____ Hours per week: _____ Pay Dates: _____

Date hired: _____ Date job ended: _____ Reason: _____

2. Household member

Name/address of employer: _____

Hourly wage: \$ _____ Hours per week: _____ Pay Dates: _____

Date hired: _____ Date job ended: _____ Reason: _____

3. Household member

Name/address of employer: _____

Hourly wage: \$ _____ Hours per week: _____ Pay Dates: _____

Date hired: _____ Date job ended: _____ Reason: _____

Applicant:

Are you registered with local Job Service? _____

Have you applied for SSD or SSI? _____ Reason: _____

Status of Application: _____

Other Household Members:

Are you registered with local Job Service? _____

Have you applied for SSD or SSI? _____ Reason: _____

Status of Application: _____

Yes No I have SOLD or GIVEN AWAY personal property (furniture, money, automobiles, appliances, etc.) in the past year (If Yes, list below)

Yes No I have SOLD or GIVEN AWAY real estate (land, buildings, mobile home, etc.) in the last five years. (If Yes, list below)

DESCRIPTION	WHEN SOLD	VALUE	SALES PRICE	PURCHASER
Applicant	SELF			

Does Applicant or any member of the 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):

Adjust Gross Income for the past year (from Income Tax Return) \$_____

Tax Refund Received \$_____ Date:_____

What was your tax refund used for (you will be asked to supply proof):

The following pertains to items you or any member of your household have or on which your names appear:

Financial Assets	Circle One	Account Name/Bank Title and Address	Amount/Value
Checking Account	Yes/No		\$
Other Checking Account(s)	Yes/No		\$
Savings Account	Yes/No		\$
Other Savings Account(s)	Yes/No		\$
Line of Credit	Yes/No		\$
Credit Card	Yes/No		\$
Credit Card	Yes/No		\$
Certificate(s) of Deposit (CD)	Yes/No		\$
Life Insurance Policies (Cash Value)	Yes/No		\$
Stocks, Bonds, Trusts, Annuities, and/or Mutual Funds	Yes/No		\$
Individual Retirement Accounts (IRA) or 401K	Yes/No		\$
Other Retirement Account(s)	Yes/No		\$
Cash on Hand	Yes/No		\$
Other	Yes/No		\$

Real/Personal Property	Circle One	Description/Location of Property	Value	Amount Owed
Home/Residence	Yes/No		\$	\$
Land	Yes/No		\$	\$
Rental Property	Yes/No		\$	\$
Vehicle	Yes/No		\$	\$
Recreational Vehicle	Yes/No		\$	\$

FAMILY BUDGET

EXPENSES: (Enter all monthly expenses even if not currently paying)	MONTHLY AMOUNT	INCOME	MONTHLY AMOUNT
HOUSING/UTILITIES:		EARNINGS:	
Rent/Mortgage Payment	\$	Gross Wages	\$
Space Rent	\$	Gross Wages	\$
Homeowner's Insurance	\$	Gross Wages	\$
Property Taxes	\$	Self-Employment Income	\$
Heat (Type):	\$	Other:	\$
Electricity	\$	Unearned Income:	\$
Water	\$	Social Security	\$
Garbage	\$	SSI	\$
Telephone (Basic only)	\$	SSI	\$
EDUCATION/JOB RELATED:		SSI	\$
Child Care	\$	Child Support/Alimony	\$
Car Payment	\$	Unemployment	\$
Transportation (fuel, oil, bus fare)	\$	Unemployment	\$
Auto Insurance	\$	Workers' Compensation	\$
Tuition/Fees/Books/Supplies	\$	Veterans' Benefits/Retirement	\$
Payroll Taxes	\$	Other Retirement/Pension	\$
MEDICAL/HEALTH CARE		Tribal Assistance/Commodities	\$
Doctor(s)	\$	Education Loans/Grants	\$
Hospital	\$	Gifts/Loans	\$
Prescriptions/Medicine	\$	Interest/Dividends	\$
Dental/Dentures	\$	Insurance/Settlements	\$
Vision/Eyeglasses	\$	State Cash Assistance	\$
Health Insurance	\$	Contributions	\$
Other:	\$	Inheritance/Trust Payments	\$
HOUSEHOLD/PERSONAL CARE:		Food Stamps	\$
Groceries: Food	\$	Church or County Assistance	\$
Groceries: Non-Food	\$	Subsidized Housing/Utility	\$
Other:	\$	Energy Assistance	\$
	\$	Income Tax Refunds	\$
OTHER:		Subsidized Child Care	\$
Court Ordered Child Support	\$	Rental/Escrow Payment	\$
Garnishments/Fines	\$	Sale of Goods	\$
	\$	Lottery/Casino Winnings	\$
	\$	Other:	\$

**KOOTENAI COUNTY HARDSHIP APPLICATION
INFORMATION RELEASE**

I willfully cooperate with and will supply all information requested to the representative of KOOTENAI COUNTY in order that my/our application can be acted upon within a reasonable time.

I/We also request my/our relatives, banker, credit union, landlord, prospective landlord, pharmacies, and any other persons or organizations including the State Department of Health & Welfare, Social Security Administration, Department of Veterans Affairs, law enforcement agencies, courts, Legal Aid, attorney, shelter or food agencies, Idaho Department of Employment, current or former employer(s), having information concerning me/us or my/our circumstances, to provide the information to such representative(s) of KOOTENAI COUNTY, insofar as it is pertinent to this application.

I/We hereby authorize KOOTENAI COUNTY and its representatives to release pertinent information regarding the application, the contents thereof and action taken thereon to all parties of interest as provided by Chapter 7, Title 63, *Idaho Code*. I/We hereby authorize a copy of this agreement to be used when necessary and give it full force as the original. This release is valid as long as it is pertinent to this application.

Signature of Applicant

Signature of Spouse
(or other adult household member)

County Interviewer

Date

OATH

I/We hereby solemnly swear and affirm that I/we have fully examined and understand the contents of this application and the information provided by me/us is true and correct.

I/We understand that any information given or withheld in regard to this application is subject to investigation and upon recognition of any falsehood, the application will be denied and I/we may be prosecuted to the fullest extent of the law.

Applicant Signature

Spouse Signature
(or other adult household member)

County Interviewer

Date