



TOWN OF HAVERHILL *New Hampshire*

HARDSHIP ABATEMENT APPLICATION

Only legal property owners may file for a Hardship Abatement. Please fill out each area carefully and completely. Please make sure you sign this form in the signature area provided. Any incomplete applications will be returned in whole.

Section 1. Personal Information (Applicant)

- a) Owner Name: _____
- b) Mailing Address: _____
- c) Marital Status (circle one): Single / Married / Cohabitated / Widowed / Divorced
- d) Legal resident of the State of New Hampshire since (year): _____
- e) Do you live at the property? Yes / No

Section 2. Personal Information (Co-Applicant)

- a) Co-Owner Name: _____
- b) Mailing Address: _____
- c) Marital Status (circle one): Single / Married / Cohabitated / Widowed / Divorced
- d) Legal resident of the State of New Hampshire since (year): _____
- e) Do you live at the property? Yes / No

Section 3. Property Information

- a) Property Address: _____
- b) Property Map# _____ Lot# _____
- c) Type of Property (circle one): Single-Family / Multi-Family
- d) Ownership of Property (circle one): Solely / With Spouse / With Others / Trust / Other

All property owners must be a party to this request, if there are more than two (2) legal owners of the property then each owner (beyond the first two) will need to complete a separate page 1 and sign a separate page 6, which shall then be filed as part of this application for it to be considered complete. Any incomplete applications will be returned in whole.

Section 5. Applicant Income Information

VERIFICATION OF ALL INCOME MUST BE PROVIDED WITH THIS APPLICATION

Including your most recent individual and/or joint tax return.

Type of Income	Applicant	Co-Applicant
Employment Income	\$	\$
Pension / Retirement	\$	\$
Old Age, Survivors, & Disability Insurance (OASDI)	\$	\$
Rental Income	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Interest Income	\$	\$
Any other income	\$	\$
Any other income	\$	\$
TOTAL INCOME	\$	\$
Do the figures above represent MONTHLY or ANNUAL income (circle one)		

Section 6. Income of Others (over the age of 18)

VERIFICATION OF ALL INCOME MUST BE PROVIDED WITH THIS APPLICATION

Type of Income	Household Member	Household Member
Employment Income	\$	\$
Pension / Retirement	\$	\$
Old Age, Survivors, & Disability Insurance (OASDI)	\$	\$
Rental Income	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Interest Income	\$	\$
Any other income	\$	\$
Any other income	\$	\$
TOTAL INCOME	\$	\$
Do the figures above represent MONTHLY or ANNUAL income (circle one)		

Section 7. Household Expense Information

VERIFICATION OF ALL INCOME MUST BE PROVIDED WITH THIS APPLICATION

Type of Income	Household Member	Household Member
Mortgage / Rent	\$	\$
Lot Rent (if land not owned)		
Homeowners or Rental Insurance	\$	\$
Property Taxes	\$	\$
Food	\$	\$
Electricity	\$	\$
Heating Fuel	\$	\$
Telephone (cell phone if no landline)	\$	\$
Cable	\$	\$
Vehicle	\$	\$
Vehicle Insurance	\$	\$
Gas	\$	\$
Other (specify)	\$	\$
Other (specify)	\$	\$
Other (specify)	\$	\$
TOTAL INCOME	\$	\$
Do the figures above represent <u>MONTHLY</u> or <u>ANNUAL</u> income (circle one)		

Section 8. Asset Information

a) List the value of any stocks, bonds, certificates of deposit, money market accounts, & mutual funds:

VERIFICATION OF ALL FUNDS & VALUES MUST BE PROVIDED WITH THIS APPLICATION

Type of Fund	Institution	Value
		\$
		\$
		\$
		\$
		\$
		\$

b) List all checking, savings, or other bank accounts in you or your spouse's name:

VERIFICATION OF ALL ACCOUNTS & BALANCES MUST BE PROVIDED WITH THIS APPLICATION

Type of Account	Institution	Balance
		\$
		\$
		\$
		\$

c) List material assets of value, such as, jewelry, guns, tools, etc.:

Type of Asset	Value
	\$
	\$
	\$
	\$

d) List all vehicles, you must submit with this application a copy of each vehicle registration:

Make	Model	Year	Value
			\$
			\$
			\$
			\$

e) Real Estate (Other):

Property Type	Town & State	Value
		\$
		\$

PLEASE USE ADDITIONAL SHEETS IF THERE IS NOT ENOUGH ROOM TO LIST ALL ASSETS

Section 9. Attestation

I swear, under penalty of perjury, that all the information provided herein and submitted with this application, is a correct and accurate accounting of my financial condition to the best of my knowledge.

Section 10. Release

I authorize any Agency or Financial Institution to release information about me or copies of my records to any agent of the Town of Haverhill as is needed to evaluate my financial condition. I release all persons whomsoever from any liability arising out of our resulting from the release of this information.

Section 11. Signatures

IN WITNESS WHEREOF, this application was signed on this day ____ of _____ 20__.

Signatures:

Signature of Applicant / Owner

Signature of Co-Applicant / Owner

Witness of Signatures:

Signature of Witness

Printed Name of Witness