

**APPLICATION FOR CANCELLATION OF PROPERTY TAXES  
HARDSHIP**

**TO THE BOARD OF COUNTY COMMISSIONERS OF BOISE COUNTY, IDAHO**

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

I, \_\_\_\_\_  
*(Full Name)*

\_\_\_\_\_  
*(Home Address) (City) (State)*

do solemnly swear or affirm that I make this application on behalf of:

\_\_\_\_\_  
*(Full Name)*

\_\_\_\_\_  
*(Home address) (City) (State)*

hereinafter referred to as claimant, whose birthdate is \_\_\_\_\_.

Property description (Real) \_\_\_\_\_

\_\_\_\_\_  
*(Personal)*

Amount of cancellation requested \$ \_\_\_\_\_

Tax year or years covered in request 1999, 20\_\_\_\_, 20\_\_\_\_, 20\_\_\_\_.

Describe the circumstances that affect your ability to pay the property taxes on the above-described property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*(attach additional pages, if necessary)*

*Note: Financial statement subscribed and sworn to must be attached to this application.*

**FINANCIAL STATEMENT  
(Hardship Tax Cancellation)**

| <b>Assets:</b>                   |                            |          |                        |                |
|----------------------------------|----------------------------|----------|------------------------|----------------|
| <i>Name/Address of Banks</i>     |                            |          |                        | Amount         |
| Checking Account #               |                            |          |                        | \$             |
| Savings Account #                |                            |          |                        | \$             |
| Tax Refunds:                     | Federal                    | State    | Date Received/Expected | \$             |
| <b>Income:</b>                   |                            |          |                        |                |
|                                  |                            |          |                        | <b>Members</b> |
| Net Wages – Employer             |                            | \$       | \$                     | \$             |
| Child Support                    |                            | \$       | \$                     | \$             |
| Social Security                  |                            | \$       | \$                     | \$             |
| Other Retirement                 |                            | \$       | \$                     | \$             |
| Other (Specify)                  |                            | \$       | \$                     | \$             |
|                                  |                            | \$       | \$                     | \$             |
|                                  |                            | \$       | \$                     | \$             |
|                                  |                            | \$       | \$                     | \$             |
| <b>Expenses</b>                  |                            |          |                        |                |
| Description                      | Monthly                    | Past Due | Balance                |                |
| 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):        | \$                         | \$       | \$                     |                |
|                                  | \$                         | \$       | \$                     |                |
|                                  | \$                         | \$       | \$                     |                |
| <b>Total Monthly Income = \$</b> | <b>Total Expenses = \$</b> |          | <b>Difference = \$</b> |                |

I hereby swear or affirm that the information listed above is true and correct.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)