

CACHE COUNTY INDIGENT/HARDSHIP APPLICATION TO BE USED WITH THE STATE TAX RELIEF APPLICATION FOR PARTIAL ABATEMENT OF PROPERTY TAXES

DEADLINE FOR FILING: September 1st

Return completed applications to the County Auditor's Tax Administration Office for processing

NAME: _____

PARCEL:_____

In reviewing this application the Cache County Council may act on this matter as a Board of Equalization or in their regular function as the County Council. According to UCA 59-2-1803, the county <u>may</u> abate a portion of the taxes of any poor person whose total **household income** is less than the maximum household income certified by the state to a homeowner's credit (\$______) AND the applicant is at least **65 years or disabled** AND the county finds that **extreme hardship** would prevail if tax relief is not received. This abatement applies to a primary residence and up to one acre of residential land that is owner occupied for at least 10 months in the current year.

CHECKLIST

- Completed Cache County Tax Relief Application
- □ F-12 Report from the county verifying ownership, tax status, and legal description

Completed Hardship Application:

- □ Affidavit of Ownership
- Letter of Hardship Statement of circumstances.
- Statement of Household Assets as of Dec. 31st prior year
- □ Statement of Assets and Liabilities as of current year
- Proof of Income Attach Income Tax Returns for last two years
 If you don't file income tax contact the Tax Administration office for instructions.
- □ Proof of Expenditures (if **extreme hardship**)
- □ Medical Statement (if **disabled**) on official letterhead from your medical provider
- D Proof of Private Sector Remedies Attempted
- List of assets transferred to relatives within the past three years



AFFIDAVIT OF OWNERSHIP TO BE USED WITH THE STATE TAX RELIEF APPLICATION

In order for Cache County to grant any relief from property tax we need verification that, for all intents and purposes, you are the owner of said property, that you inhabit said property, and that you are solely responsible for the property taxes levied against said property.

1.	APPLICANTS NAME:
2.	DAYTIME PHONE #:
3.	PROPERTY
	ADDRESS:
	LAND SERIAL NUMBER:

4. If recorded in name other than applicant, explain why this property is not recorded in your name:

5. I (we) declare that the information provided above is true and correct and based on ownership requirements as stated in the first paragraph.

Dated this ______ day of ______, 20____.

Print Name

Print Name

Signature

Signature



LETTER OF HARDSHIP

TO BE USED WITH THE STATE TAX RELIEF APPLICATION

To qualify for the indigent abatement, you must provide a letter addressed to the Cache County Council explaining the nature of your extreme hardship. *Attach additional pages if needed.*

Dear County Council:

I am unable to fully pay my tax obligation and I am applying for relief on property taxes for the reasons listed below. I have also given an accounting of my assets and liabilities

Date:_____

Print Name

Signature

MANDATORY HOUSEHOLD INFORMATION

List Names of all Household Members	Social Security Numbers	Dates of Birth



STATEMENT OF HOUSEHOLD ASSETS AS OF DECEMBER 31 OF PRIOR YEAR

Any cash on hand or in checking accounts	
Any savings and credit union accounts	
Balances in 401(k), 457 and IRA accounts	
Market value of investment accounts	
Balances annuity accounts/mutual funds	
Securities (including stocks and bonds)	
Partnerships and other business interests'	
Rental Property (describe)	
<u> </u>	

If you have transferred any assets to relatives or to a Trust in the preceding three years, provide complete details of all transfers in an attached statement.

CERTIFICATION

The undersigned hereby swear(s) subject to penalties of perjury and other legal and civil penalties that the information provided herein is complete, up-to-date, true and correct. I/We agree and understand that the information provided is subject to verification by Cache County as a consequence of this application for tax abatement. I/We hereby authorize Cache County to inspect and/or inspect and /or receive confidential tax information in any office of the IRS or the Utah State Tax Commission and to inspect and or receive banking and investment information from any financial or securities institution holding such information. A copy of signed application may be relied on as my consent to the inspection or receipt of such records.

Date:_____

Print Name

Signature

Print Name

Signature

ATTACH COPIES OF ALL YEAR END ASSET STATEMENTS

LowIncomeSupplementPacket 2024.docx



STATEMENT OF HOUSEHOLD ASSETS

AS OF DECEMBER 31 OF CURRENT YEAR

ASSETS Assets are items owned or in your possession that

have value.

LIABILITIES

Liabilities are things that you owe money for

<u>ITEMS</u>	VALUE	ITEMS	MONTHLY <u>PAYMENT</u>	
House	\$	House	\$	
Other Properties (Land and/or Buildings)	\$	Motor Vehicles	\$	
Motor Vehicles, Boats; House trailers; Snowmobiles; (List year, make, & model)	; etc.	Credit Cards	\$	
<u>1.</u>	\$	Utilities	\$	
2.	\$			
0	¢	Household Items	\$	
<u>3.</u>	\$	(Food, clothing, etc.)		
Household Furnishings (Approximate value)	\$			
Savings, Stocks or Bonds	\$	Other Loans	\$	
Monthly Income	\$	Insurance	\$	
(Include gross income for all people living in home)		(Home, car, medical, etc.))	
	¢	Other	\$	
Other (Anything not listed above)	\$	(Anything not listed abov	7e)	
TOTAL		TOTAL		
Number of Adults, (eighteen	years or older) living in	the home at this time:		
		in the home at this time:		
Date:				
Print Name		Signature		
Page 5 of 5LowIncomeSupplementPacket 2024.docx				