



# BINGHAM COUNTY PROPERTY TAX ASSISTANCE APPLICATION

**Questions?** Contact Bingham County Indigent Services at 208-782-3097. Return the completed application to the Bingham County Indigent Services office at 501 N. Maple #207, Blackfoot, ID 83221.

FOR COUNTY USE ONLY	
Bingham County Case No.	Date application was received:

## SECTION 1. APPLICANT INFORMATION

Applicant _____	Date of Birth ____/____/____	Veteran
<div style="display: flex; justify-content: space-between;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____		
<div style="display: flex; justify-content: space-between;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	Phone _____	
Applicant's Social Security # _____ - _____ - _____		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Separated <input type="checkbox"/> Single		
Spouse's Name _____		Date of Birth ____/____/____
<div style="display: flex; justify-content: space-between;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Social Security # _____ - _____ - _____		

## SECTION 2. CIRCUIT BREAKER INFORMATION

Did you apply for a Circuit Breaker Tax Exemption for the current year?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Did you apply for a Circuit Breaker Tax Exemption for the previous year?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
If you received a Circuit Breaker Tax Exemption for the previous year, how much was it for? \$ _____			

## SECTION 3. HOUSEHOLD MEMBERS

List the names, ages and relationships of all individuals living in the household.				
<u>Name</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>	<u>Employed?</u>	<u>Where Employed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION 4. MONTHLY INCOME**

List your gross wages for the previous calendar month. Gross wage is the money you earn before tax deductions.

a. Gross Wage \$ \_\_\_\_\_

b. Employer \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all other sources of income from the prior month.

c. Social Security Benefits \$ \_\_\_\_\_

d. Retirement Pension(s) \$ \_\_\_\_\_

e. Veteran's Benefits \$ \_\_\_\_\_

f. Unemployment Benefits \$ \_\_\_\_\_

g. Alimony \$ \_\_\_\_\_

h. Child Support \$ \_\_\_\_\_

i. Food Stamps \$ \_\_\_\_\_

j. Interest/Dividends \$ \_\_\_\_\_

k. Rental Income \$ \_\_\_\_\_

l. Other \$ \_\_\_\_\_

**COUNTY USE ONLY**

<b>TOTAL INCOME</b>	<b>\$</b>
<b>TOTAL EXPENSE</b>	<b>\$</b>
<b>DISPOSABLE INCOME</b>	<b>\$</b>

**SECTION 5. MONTHLY EXPENSES**

List all of your monthly expenses; include the names of your creditors (if applicable).

	EXPENSE	CREDITOR	MONTHLY PAYMENT	COUNTY USE ONLY
a.	Mortgage		\$	
b.	Rent		\$	
c.	Food		\$	
d.	Non-Food		\$	
e.	Electricity		\$	
f.	Water/Sewer Garbage		\$	
g.	Heating		\$	
h.	Telephone		\$	
i.	Fuel		\$	
j.	Car Payment		\$	
k.	Auto Ins.		\$	
l.	Health Ins.		\$	
m.	Life Ins.		\$	
n.	Home Ins.		\$	
o.	Medical Payments		\$	
p.	Child Support		\$	
q.	Child Care		\$	
r.	Other		\$	
s.	Other		\$	
t.	Other		\$	

**SECTION 6. ASSETS**

FINANCIAL ASSETS	YES	NO	BANK/CREDIT UNION	CURRENT VALUE
Checking Account				\$
Savings Account				\$
Credit Card/Line of Credit				\$
CDs, Stocks, Bonds, Mutual Funds, Annuities, IRA				\$
Other				\$



**SECTION 8. FOR YOUR SIGNATURE**

*I CERTIFY*, to the best of my knowledge and belief that the information provided herein is true and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Signature                      Date

I have assisted the applicant with completing this form:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature                                      Date

**SECTION 9. NOTARY PUBLIC**

Subscribed and Sworn

before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_

Residing at \_\_\_\_\_

Notary Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

SEAL

**FOR COUNTY USE ONLY**

Circuit Breaker for 20 \_\_\_\_\_ .

- ( ) Approved, \$ \_\_\_\_\_
- ( ) Denied

Circuit Breaker for Previous Year

- ( ) Approved, \$ \_\_\_\_\_
- ( ) Denied

**Property Search:**

<u>Address</u>	<u>Parcel #</u>	<u>Assessed Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**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 Bingham 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 Bingham 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 Bingham 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 \_\_\_\_\_, 20\_\_\_\_\_.

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

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

**NOTARY**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

\_\_\_\_\_ 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.

\_\_\_\_\_  
Notary Public for Idaho  
Residing at: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

SEAL

