

CITY OF HARTFORD TAX/FINANCIAL CERTIFICATION AND DECLARATION FORM

Name of Owner:	Business Name:
Date of Birth: mm/dd/year	Federal Employer ID #
Home Address:	Business Address:
City, State, Zip	City, State, Zip
Contact #	Business Contact #

To Be Completed by Tax Division

After reviewing the real property taxes, motor vehicle taxes & personal property taxes for the listed entity and known affiliated entities in which the owner of the listed entity has been found to have an interest of twenty-five percent (25%) or more, I certify that the aforementioned:

	Is current
	Is not current
	Is not current but has approved payment Plans(s)
	Is not listed on the tax rolls

(Please Attach supporting documentation as proof of an applicant Status)

Authorized Signature (Blue Ink)	Print Name and Title	Date (MM/DD/YEAR)

To Be Completed by Revenue Collections Division

After reviewing NON-TAX Revenues for the listed entity and known affiliated entities in which the owner of the listed entity has been found to have an interest of twenty-five percent (25%) or more, I certify that the aforementioned:

	Is current	
	Is not current	
	Is not current but has an approved payment plan(s)	
		Yes
	Loans received through the City of Hartford	
	Do you currently own property in the City of Hartford? (Business, Motor Vehicle or Real Estate)	
	Rental Payments	
	Police private duty service	
	Fire watch service	
	False alarm fees	
	License & inspection & permit fees	
	Special event services	
	Housing and building code violations	
	Is not on the books and does not have any financial obligations owed to the City	

(Please Attach supporting documentation as proof of an applicant Status)

Authorized Signature (Blue Ink)	Print Name and Title	Date (MM/DD/YEAR)

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Federal Compliance Exclusion Check

Go to the following site to check federal Compliance: <https://www.sam.gov/SAM/>

Federally Debarred/Suspended:

Yes No

If Yes, input the following information found on the above website:

Provision Number:	
Exclusion Type:	
Classification:	
Activation/Active Date:	
Termination Date:	

Authorized Signature (Blue Ink) Print Name and Title Date (MM/DD/YEAR)