CITY OF HARTFORD COMMITTEE ON ABATEMENT OF TAXES
ABATEMENT APPLICATION REQUIREMENTS (Please read carefully)

1. **This petition must be FULLY COMPLETED, signed and notarized. Do not skip any sections. Petitions that are incomplete will not be placed on the agenda and will be returned to the petitioner.**
2. **RETURN this completed application and all supporting documentation to the Office of the Tax Collector Attn: Abatement Committee to 550 Main Street Suite 106 Hartford, CT 06103.**
3. **The committee meets quarterly.**

Name (Please print) _____
First Name Middle Initial Last Name

Street Address_____

City _____ State_____ Zip_____

Home Phone_____ Work Phone_____ Cell Phone_____

How long have you been at this address? _____

List any previous addresses within the last 10 years

_____

_____

_____

Please list the full names, dates of birth and estimated income for each adult and child in the household.

NAME	**DATE OF BIRTH**	**FULL TIME STUDENT YES or NO**	**INCOME SOURCES - WAGES (W), SOCIAL SECURITY (S), PENSION (P), ALIMONY (A), CHILD SUPPORT (C), OTHER (O)**		
			AMOUNT	**FREQUENCY**	**SOURCE**

Have you ever applied to the abatement committee? __ Yes __ No *Applications are accepted every ten years

If yes, what was the abatement committee decision _____

_____

Section 2

Complete the appropriate section below.

1. What is the year, make and model of the vehicle(s) you wish the committee to consider?
   _____
   _____
2. Do you currently own or drive the same vehicle(s) ____Yes ___No
   If no, what happened to the vehicles:
   Sold_____ Date_____
   Repossessed_____ Date_____
   Totaled_____ Date_____
3. Are you currently trying to register a vehicle at the Department of Motor Vehicles?
   __ Yes ___No

   If yes, Year_____ Make_____ Model_____

Section 3

1. Are you currently employed?
   _____Yes _____No If yes salary_____
2. Do you own a business?
   ____Yes ____No If yes, income_____

If yes please provide statements of income and expense(balance sheets, profit and loss statements) and your business' federal income tax schedules.

3. List the banks(s) credit unions where you have your checking and/or savings accounts:

_____

_____

Please attach Proof of Income for each member of the household(excluding income from the employment of children under the age of 18 years):

DOCUMENT	ATTACHED	NOT APPLICABLE	COMMENTS
Wages/paystubs – two months of supporting documents			
Social Security			
Pension			
General Assistance(AFDC or SNAP)			
Unemployment			
Most recent filed IRS Form 1040 with schedules			
Other			

Section 4 – Monthly Expenses

A. Living Expenses

PRIMARY	WEEKLY	MONTHLY
Rent/Mortgage (incl. 2nd)		
Condominium Fees		
Child Support/Alimony		
Car Payment Leases		
CONTROLLABLE		
Heat/Hot Water		
Oil/Natural Gas		
Electricity		
Telephone		
Gas/Pkg./Public Transportation		
Day Care		
Food/Groceries		
Laundry/Dry Cleaning		
Haircuts/Appearance		
Savings		
Pocket Money		
Eating Out (Including Lunches)		
SUBTOTAL A=		

B. Escrow Expenses

Instructions-The following expenses usually occur at irregular intervals. Arrive at an annual total and then divide by 12

PRIMARY	WEEKLY	MONTHLY
Insurance: Auto		
Rent		
Med/Disb/Life (Premiums)		
Medical (Out of Pocket/Uninsured)		
Maintenance: Auto		
Home		
Union dues/Prof. Fees		
Town Taxes (Car/Home)		
Water		
Income Tax Escrow		
Clothing		
Gifts (Include: Holidays, Anniv., Birthdays,)		
Travel/Vacation		
SUBTOTAL B=		

C. Discretionary Expenses

Instructions-List amounts for those items that you plan ahead for. Be honest about your spending habits.

OTHER	WEEKLY	MONTHLY
Donations/Religious		
Tuition/School		
Cigarettes/Alcohol		
Cable TV		
Recreation/Entertainment		
Pet Care		
SUBTOTAL C=		
TOTAL A+B+C=		

Section 5

According to the state statute (sec 12-124), taxes may be abated where the taxpayer is deemed to be "Poor and unable to pay." It is important that you describe for the committee the reason(s) you are unable to pay these taxes. Please provide a detailed description below of the reason(s) why you are requesting an abatement of your taxes.

Signed_____

Subscribed and sworn to before me this _____day of _____, 20_____

By _____

Notary Public /Justice of the Peace/ Commissioner of Superior Court(circle one)

WARNING: A person is guilty of defrauding a public community who authorizes, certified, attests or files a claim for benefits or reimbursement from a local, state or federal agency which he knows is false, pursuant to Conn. Gen. Stat. Sec. 53a-119.