

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.

PETITIONER'S FULL NAME (Please print) _____
FIRST NAME MIDDLE INITIAL LAST NAME
STREET ADDRESS _____ TELEPHONE# _____
HOME _____
CELL _____
CITY _____ STATE _____ ZIP _____

What is your date of birth? _____

How long have you been at this address? _____

List any previous addresses within the last 10 years

I am applying for abatement consideration of (check where applicable)

- Real Estate Property Motor Vehicle

SECTION 2

Complete the appropriate section below. Do not skip any questions in this section.

For **Real Estate Property Tax** fill out this section:

1. What is the address of the Real Estate property you wish the committee to consider?

2. Do you reside at this property? _____ YES _____ NO

3. Is there a mortgage on the property? _____ YES _____ NO

If YES, who holds the mortgage? (Name and address of financial institution or private lender's name)

Monthly mortgage payment _____ Is the mortgage current? _____ YES _____ NO

4. Do you derive income from this property (i.e. from tenants, etc.)? If YES, what is your income? _____

Please go now to Section 3

For **Motor Vehicle Tax** fill out this section:

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 vehicle(s)? **Include dates** (For example: Sold on 1/8/2000, Repossessed on 6/23/2000, Totaled on 3/1/2000, etc.)

3. Are you currently trying to register a vehicle at the Department of Motor Vehicles? _____ YES _____ NO

If **YES**, YEAR _____ MAKE _____ MODEL _____

SECTION 3

ALL PETITIONERS MUST ATTACH PROOF OF INCOME.

FOR EX: INCOME TAX RETURNS, COPY OF 3 MOST RECENT PAYSTUBS, BANK STATEMENTS, ETC.

Please check all that apply and attach documentation.

- Social Security** benefits; include spouse or other household occupants (If **YES**, include a copy of your **Social Security statement**) **TOTAL** _____
- Pension**; include spouse or other household occupants (If **YES**, include a copy of your **pension statement**) **TOTAL** _____
- General Assistance, AFDC, or SNAP** ; include spouse or other household occupants (If **YES**, include a copy of your **Assistance statement**) **TOTAL** _____
- Unemployment** benefits; include spouse or other household occupants (If **YES**, include a copy of your most recent statement and the date benefits will expire) **TOTAL** _____

1. Are you currently employed? _____ YES _____ NO If **YES**, SALARY _____

NOTE: If **employed**, attach a copy of your 2 most recent **pay stubs** or **wage statement**.

2. Do you own your own business? _____ YES _____ NO If **YES**, INCOME _____

NOTE: If **YES**, provide **statements of income and expense** (balance sheets, profit and loss statements) and your business' Federal Income Tax schedules.

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

4. Have you ever applied to the Abatement Committee within the last five years? _____ YES _____ NO

SECTION 4

TO THE PETITIONER:

According to 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.

NOTE: Please provide a detailed description below of the reason(s) why you are requesting an abatement of your taxes.

Multiple horizontal lines provided for the petitioner to write a detailed description of their reasons for requesting an abatement of their taxes.

Signed _____

Subscribed and sworn to before me this _____ day of _____, 20____

by _____
Notary Public or Justice of the Peace or Commissioner of Superior Court (circle one)

SECTION 5**MONTHLY EXPENSES**

Please fill out a budget of your household income and expenses below. Include income from other persons living in the household.

A. Living Expenses

Instructions-As you complete each item, try to focus on your actual expenses.

COMPLETE EITHER COLUMN BELOW

PRIMARY	WEEKLY	MONTHLY
Rent/Mortgage (incl. 2 nd)		
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

PERIODIC	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=		