



City of Boynton Beach, Florida
Fire Assessment Application for Determination of Eligibility for H.E.L.P.
FISCAL YEAR 2009-2010

NAME: _____
(LAST) (FIRST)

SOCIAL SECURITY NUMBER: _____ - _____ - _____ TELEPHONE # _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

FOR EACH PERSON WHO RESIDES WITH YOU AT THE ABOVE ADDRESS, LIST THEIR NAME, AGE AND RELATIONSHIP TO YOU BELOW OR ON AN ATTACHED SHEET, IF NEEDED:

(NAME) (AGE) (RELATIONSHIP)

(NAME) (AGE) (RELATIONSHIP)

I CERTIFY THAT I AM A RESIDENTIAL PROPERTY OWNER AND I MEET ONE (1) OF THE CRITERIA CHECKED IN THE BOX BELOW FOR WHICH I AM REQUESTING ELIGIBILITY FOR H.E.L.P.

(Provide a copy of your 2009 Notice of Ad Valorem Taxes and Non-Ad Valorem Assessments)

(PLEASE CHECK THE APPROPRIATE BOX FOR WHICH YOU ARE REQUESTING ELIGIBILITY FOR H.E.L.P.)

I am a totally disabled veteran **AND** I am exempt from ad valorem taxes pursuant to Florida Statutes Section 196.081.
(Provide copy of disability letter from the government or a physician)

I am the surviving spouse of a totally disabled veteran **AND** I am exempt from ad valorem taxes pursuant to Florida Statutes Section 196.081.
(Provide copy of disability letter from the government or a physician)

I am a disabled veteran confined to a wheelchair **AND** I am exempt from ad valorem taxes pursuant to Florida Statutes Section 196.091.
(Provide copy of disability letter from the government or a physician)

I am permanently and totally disabled **AND** I am exempt from ad valorem taxes pursuant to Florida Statutes Section 196.101.
(Provide copy of disability letter from the government or a physician)

I meet the U.S. Department of Health & Human Services (HHS) Poverty Guidelines listed on Page 2 of this Application.
(Provide a copy of your last two (2) years (2007 & 2008) Federal Income Tax Forms)

OR IF YOU DID NOT FILE INCOME TAXES FOR THE PAST (2) YEARS

(Provide a copy of your last three (3) months bank statements for all accounts)

NOTE: The City may require additional information to determine eligibility.

(Please complete and sign Page 2 of this Application)

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Page 2

Please explain the financial hardship that makes it difficult or impossible for you to pay this year's Fire Assessment Amount as levied on the attached Notice from Palm Beach County.

Under penalty of perjury, I hereby swear or affirm that the information I am submitting is true, complete and correct in order to determine my eligibility for H.E.L.P.

Applicant's signature

Date

2009 HHS Poverty Guidelines	
Size of Family Unit	Poverty Guideline
1	\$ 10,830
2	\$ 14,570
3	\$ 18,310
4	\$ 22,050
5	\$ 25,790
6	\$ 29,530
7	\$ 33,270
8	\$ 37,010
For each additional person, add	\$ 3,740

Source: Federal Register, Vol. 74, No. 14, January 23, 2009, pp. 4199-4201

PLEASE NOTE WHAT INCOME TO INCLUDE
Income used to calculate if you meet poverty level status includes the following sources:

Wages, unemployment compensation, Social Security, Supplemental Social Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trust, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

CITY REVIEW PROCESS:

- Applicant submits application to City of Boynton Beach, Financial Services Department, P.O. Box 310, Boynton Beach FL 33425-0310 **postmarked or delivered no later than November 1, 2009.**
- The Hardship Waiver Review Committee reviews application. The Committee includes the City Manager or designee, the Finance Director or designee and a third member appointed by the City Commission.
- The Committee's decision to grant a waiver or deferral must be by a majority vote of the Committee.
- Once the Committee makes a determination, the applicant will be notified in writing of the Committee's decision. The decision of the Committee is final.

PLEASE SIGN AND RETURN THIS COMPLETED APPLICATION, ALONG WITH YOUR 2009 TAX NOTICE FROM PALM BEACH COUNTY AND THE REQUIRED DOCUMENTATION FOR THE BOX CHECKED ON PAGE 1 OF THIS APPLICATION TO:

**City of Boynton Beach
Financial Services Department
P.O. Box 310 – 100 East Boynton Beach Blvd.
Boynton Beach, FL 33425-0310
(561) 742-6310**