



City of Boynton Beach, Florida
Fire Assessment Application for Determination of Eligibility for H.E.L.P.
FISCAL YEAR 2024-2025

APPLICATION DEADLINE OCTOBER 16, 2024

NAME: _____
(LAST) _____ (FIRST) _____

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 2024 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 qualify for the additional homestead exemption for persons 65 and over as noted on the attached Notice of Ad Valorem Taxes and Non-Ad Valorem Assessments authorized pursuant to Florida Statutes Section 196.075.

I qualify for the Florida Homestead Property Tax Deferral Act as noted on the attached Notice of Ad Valorem Taxes and Non-Ad Valorem Assessments authorized pursuant to Section 197.242, et al., Florida Statutes

I am a totally disabled veteran or 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 surviving spouse of first responder who died in the line of duty 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 am permanently and totally disabled first responder AND I am exempt from ad valorem taxes pursuant to Florida Statutes Section 196.102.
(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 (2022 & 2023) Federal Income Tax Returns - AGI)

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

(Provide a copy of your last three (3) months bank and investment 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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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

DETERMINING IF YOU MEET HHS POVERTY GUIDELINES

2024 HHS Poverty Guidelines

Size of Family Unit	Poverty Guideline
1	\$ 15,060
2	\$ 20,440
3	\$ 25,820
4	\$ 31,200
5	\$ 36,580
6	\$ 41,960
7	\$ 47,340
8	\$ 52,720
For each additional person, add	\$ 5,380

Source: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

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 delivered no later than October 16, 2024
- The Hardship Waiver will be reviewed by the City's Finance Director or his or her designee (Reviewing Official).
- Once the Reviewing Official makes a determination, the applicant will be notified in writing of the Reviewing Official's decision. The decision of the Reviewing Official is final.

PLEASE SIGN AND RETURN THIS COMPLETED APPLICATION, ALONG WITH YOUR 2024 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
Boynton Beach, FL 33425-0310
(561) 742-6310