

APPLICATION FOR EXTRAORDINARY EXEMPTION  
(IDAHO CODE 63-602AA AND 63-711)

TO THE BOARD OF COMMISSIONERS OF BANNOCK COUNTY, IDAHO

Application is hereby made for cancellation of property tax due to an extraordinary hardship, and in support thereof the following sworn statement is submitted, as required by Section 63-711 Idaho Code.

I, \_\_\_\_\_  
(Full Name) (Phone Number)

\_\_\_\_\_  
(Home Address) (City) (State) (Zip)

do solemnly swear or affirm; or, that I make this application on behalf of

\_\_\_\_\_  
(Full Name) (Address) (State) (Zip)

Hereinafter referred to as Claimant.

Parcel Number: \_\_\_\_\_

Property Description: \_\_\_\_\_

Amount of cancellation requested \$ \_\_\_\_\_

Previous Hardship Application Yes \_\_\_\_\_ No \_\_\_\_\_

Tax year or years covered in request 20 \_\_, 20 \_\_, 20 \_\_, 20 \_\_\_\_\_.

Describe the unusual circumstances which affect your ability to pay the property taxes on the above-described property:

DATED: \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Claimant or Representative)

Tax Return for year \_\_\_\_\_ is attached.

\*\*Note: A subscribed and sworn-to Financial Statement must be attached.

AFFIDAVIT IN SUPPORT TO TAX EXEMPTION, IDAHO CODE 63-711

State of Idaho )  
County of Bannock )

I, \_\_\_\_\_ Applicant herein, of lawful age, being first  
duly sworn upon oath, state as follows:

1. My address is \_\_\_\_\_. My phone number  
is \_\_\_\_\_. My usual occupation is \_\_\_\_\_. I am  
currently employed by \_\_\_\_\_, employers address is:  
\_\_\_\_\_.

My Social Security number is \_\_\_\_\_.

My weekly/monthly gross income is \$ \_\_\_\_\_.

Payroll deductions other than taxes are \$ \_\_\_\_\_.

My weekly/monthly take home pay is \$ \_\_\_\_\_.

My other income is (amount and source) \$ \_\_\_\_\_ from \_\_\_\_\_.  
(SSI, alimony, child support, pension, food stamps, insurance income, interest, tribal funds,  
social security, VA, etc.)

My spouse=s income is \$ \_\_\_\_\_.

I am self-employed and my gross income and net income for the preceding year as shown by  
Federal Tax Return is \$ \_\_\_\_\_.

My/our total income on the last Federal Income Tax Return was \$ \_\_\_\_\_ for the  
tax year \_\_\_\_\_ filed in \_\_\_\_\_.

2. My/our present monthly expenses for a household consisting of adults and \_\_\_\_\_  
children and/or stepchildren is:

Housing ( <i>Rent/Mortgage</i> )	\$ _____
Utilities	\$ _____
Cable TV	\$ _____
Telephone	\$ _____
Food	\$ _____
Child Care	\$ _____
Medical ( <i>Drs, Hospital, Drugs</i> )	\$ _____
Insurance ( <i>Health, Home, Life, Car</i> )	\$ _____
Transportation ( <i>Payment, Fuel, Maintenance</i> )	\$ _____
Clothing	\$ _____
Recreation	\$ _____
Miscellaneous	\$ _____
Contributions	\$ _____
Other	\$ _____
	\$ _____

3. My debts and items for which they were incurred are as follows:

Creditor	Item	Purchase Date	Unpaid Balance	Monthly Payment

4. My assets are as follows:

Description	Value
Real Estate	
Furniture/Household Goods	
Motor Vehicles (Model & Year)	
Cash on Hand	
Bank Accounts	
Savings	
Checking	
Other (specify)	

I have read the foregoing Affidavit and the statements contained herein, and they are true to the best of my knowledge. I understand the above statements are made under oath and that a willful misstatement could subject me to the penalties of perjury.

\_\_\_\_\_  
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for State of \_\_\_\_\_  
Residing in \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

INFORMATION RELEASE

I, \_\_\_\_\_, willfully cooperate with, and hereby authorize to be released to Bannock County, their authorized agents and employees, as part of my request for legal assistance, any and all information concerning me and my circumstances and earning abilities. This release is general in nature, and I authorize all parties contacted by Bannock County, not limited to relatives, friends, associates, financial institutions, State Department of Health & Welfare, Social Security, Veterans Administration, Law Enforcement Agencies, Internal Revenue Service, State Tax Commission, and the Idaho Department of Employment, and any and all other to release such information that may be requested by Bannock County.

I further authorize Bannock County to release information about my application to all parties of interest as contemplated by Idaho Code Section 19-854.

I hereby waive any confidential privilege with regard to the furnishing of the aforesaid information. The foregoing authority shall continue until revoked by me in writing.

DATED:

\_\_\_\_\_  
Affiant

You have requested an Extraordinary Exemption be considered on your taxes. Please find enclosed an application to be completed by yourself and returned to the Bannock County Commissioners within ten days, so that they may review your situation and make a determination as to whether or not you qualify for such an exemption.

Upon receipt of your completed application the Commissioners will review and notify you by letter as to their findings. They may contact you for further information if necessary.

If you have any questions, please contact our office.

BOARD OF BANNOCK COUNTY COMMISSIONERS

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Ernie Moser, Chairman

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Jeff Hough, Commissioner

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Terrel N. Tovey, Commissioner