



CITY OF PORTSMOUTH

Assessors Office

1 Junkins Ave

Portsmouth, NH 03801

(603) 610-7249

Dear Property Owner,

This application will help us determine our ability to reduce your property tax bill(s) for the City of Portsmouth. Please answer all questions that apply to you or your immediate family and provide the requested documentation. **Your application cannot be processed without the requested documentation. Taxpayer must file the abatement application as well with the City by March 1st following the notice of tax.** Any information you provide is confidential and is reviewed only by the Assessor and staff to process your application.

In most cases, an abatement due to financial hardship is only granted due to unusual personal hardships after all other sources of funds have been completely and totally exhausted, as required by case law. Additionally, if you have not already done so it is strongly recommended you contact the City of Portsmouth Welfare Office at (603) 610-7260 for possible public assistance.

If you have any questions or you need help in completing this application, please call Rosann Lentz at 603-610-7249. Our office hours are Monday 8:00 a.m. – 6:00 p.m., Tuesday – Thursday 8:00 a.m. – 4:30 p.m. and & 8:00 a.m. – 1:00 p.m. Friday.

We will try to process this application as quickly as possible. If you have not received a letter from us in four weeks, please call us.

Completed applications should be marked “CONFIDENTIAL” and submitted to:

City of Portsmouth Assessor
1 Junkins Avenue
Portsmouth, NH 03801

CITY OF PORTSMOUTH
New Hampshire

FINANCIAL HARDSHIP APPLICATION FOR INDIVIDUALS (RSA76:16)

PART I

Please answer every question that applies to you. We welcome any additional information and comments to help us assess your situation. Please use the back of the application or attach additional information.

1. Property Owner's Name/s _____
Date of Birth _____ Home Tel # _____ Cell _____
2. Marital Status: Married Widowed Divorced Unmarried Separated Remarried
3. Property Address _____
4. Name of person responsible for payment of tax bill _____
5. Mailing Address, if different from property owner _____
6. List names and ages of people living in household _____

7. Does your home have a mortgage? Yes No Mortgage or Rent \$ _____
Date purchased _____ Amount owed \$ _____ Value \$ _____ Yearly Taxes \$ _____
Name of bank which holds mortgage: _____ Are taxes included? Yes No
**** Please provide a copy of your year end mortgage statement.**
8. Is Your Property Tax Bill Current? Yes No If no, in what year were they first not current and also provide the years and amount outstanding: _____
9. Foreclosure Pending or in Process? Yes No Bankruptcy Pending or in Process? Yes No
10. Have you contacted the City of Portsmouth Welfare Office? Yes No
If yes, please explain the assistance given and amount received.

STATEMENT OF HARDSHIP (attach additional sheets as necessary)

Please describe in your words with dates and time periods the set of circumstances and events that have led to your current hardship situation. Also please describe how you feel the granting of an abatement by the City of Portsmouth at this time will resolve the situation.

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New Hampshire

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PART II

1. List all savings and checking accounts with banks or credit unions:

Bank/Credit Union Name	Type (Checking - Savings – Other)	\$ Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Attach copy of the past 12 month statements**

2. **VEHICLES / BOATS / ANTIQUES / OTHER:**

List all vehicles including boats and RV's owned by you or your dependents and indicate monthly payments

**** Please provide a copy of your registration**

Vehicle Make	Model	Year	Payment	Balance on Loan
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Antiques / Collections _____ Est. Value \$ _____ Payment \$ _____
Other (Description) _____ Est. Value \$ _____ Payment \$ _____

3. **REAL ESTATE:** Include all real estate owned anywhere in the world including residence.

Property Type	Address	Town/State	Amount Owed if Mortgaged
_____	_____	_____	_____
_____	_____	_____	_____

****Provide copy of property tax bill. Provide separate sheet for additional real estate.**

4. **LIST ALL OTHER ASSETS:** eg. cash on hand, CD's, IRA's, annuities, insurance policies or other investments. **** Provide copies of your year end statement(s)** (Attach additional sheet if necessary).

Description	Bank/Company	Amt/Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total of All Assets: _____

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New Hampshire

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PART III

1. **INCOME:** Please list income from all sources, amounts of all **per year** .

**** Attach supporting documentation such as pay statement, social security statements, W-2's and 1099's, end of year statements. If self-employed, please enclose copies your most recent tax return, any audited financial statements or provide your business income statement and balance sheet for the current and previous year.**

SOURCE:	Applicant:	Applicant's Spouse:	Documentation Required
Social Security:	\$ _____	\$ _____	SSA-1099
Business/Self Employed:	\$ _____	\$ _____	Audited Financial, Quarterly Statements, Tax Return
Pension & Retirement:	\$ _____	\$ _____	1099
Wages:	\$ _____	\$ _____	Pay Stub & Last Year W-2
Unemployment Benefit:	\$ _____	\$ _____	Statement or 1099
Disability/Worker's Comp:	\$ _____	\$ _____	Statement of Qualification/1099
Rental Income:	\$ _____	\$ _____	Copy of Lease/letter from tenant
Interest/Dividends Income:	\$ _____	\$ _____	Year End Statement/1099
Public Assistance: <small>(Welfare, NH Food Stamps/Fuel Assistance, APTD etc.)</small>	\$ _____	\$ _____	Award Letter
Alimony/Child Support:	\$ _____	\$ _____	Copy of Court Order
Stimulus from US Gov't:	\$ _____	\$ _____	Approval letter/statement
Other Covid19 Related:	\$ _____	\$ _____	CARES Act application/approval
Veteran's Pension/Disability:	\$ _____	\$ _____	Summary of Benefits Letter
Gift:	\$ _____	\$ _____	Letter from Provider
Other Income (Please Specify):	\$ _____	\$ _____	_____
Other Income (Please Specify):	\$ _____	\$ _____	_____

2. List all persons (other than applicant/s) who are employed within the household:

<u>Name</u>	<u>Employer</u>	<u>Last Year's Income</u>	<u>Weekly Gross Pay</u>
<hr/>			
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**** Attach copy of most recent pay statement(s)/stub**

3. If you are currently unemployed, date of your last day of work? _____

Are you receiving unemployment insurance? Yes No Amount per week: _____

When do you expect to return to work? _____

TOTAL INCOME: \$ _____

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PART IV

1. Please provide the following monthly expenses: **** Attach copy of most recent statement(s)**

MONTHLY EXPENSE	MONTHLY PAYMENT	CURRENT BALANCE DUE	DOCUMENTATION REQUIRED
Mortgage(s)	\$ _____	\$ _____	Most Recent Statement
Property Tax (If not included in Mortgage)	\$ _____	\$ _____	Most Recent Statement
House Insurance	\$ _____	\$ _____	Most Recent Statement
Telephone	\$ _____	\$ _____	Most Recent Statement
Electricity	\$ _____	\$ _____	Most Recent Statement
Water/Sewer	\$ _____	\$ _____	Most Recent Statement
Cable	\$ _____	\$ _____	Most Recent Statement
Heating (source of heat- _____)	\$ _____	\$ _____	Most Recent Statement
Vehicle(s)	\$ _____	\$ _____	Most Recent Statement
Vehicle Repairs	\$ _____	\$ _____	Statement of Repairs
Vehicle Insurance	\$ _____	\$ _____	Most Recent Statement
Gas for Travel (est. miles/month _____)	\$ _____	\$ _____	Estimated
Gas for Cooking	\$ _____	\$ _____	Most Recent Statement
Child Care or Support	\$ _____	\$ _____	Recent Statement/Court Order
Life Insurance	\$ _____	\$ _____	Most Recent Statement
Medical Insurance	\$ _____	\$ _____	Most Recent Statement
Medications/Prescriptions	\$ _____	\$ _____	Statement of Last Years Expense
Groceries	\$ _____	\$ _____	Estimated
Other Medical Bills — Doctor/Hospital	\$ _____	\$ _____	Statements
Other _____	\$ _____	\$ _____	

2. List other debts/expenses not listed above (bank/personal loans, credit cards, etc.)

**** Attach copy of most recent statement(s)**

NAME OF COMPANY AND REASON DEBT INCURRED	MONTHLY PAYMENT	CURRENT BALANCE DUE
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

3. If you have no income, please explain how you are meeting monthly expenses:

TOTAL EXPENSES: \$ _____

Assessing Personnel Only:

Total Monthly Expenses	_____
Total Annual Expenses	_____
Total Annual Income	_____
Total Assets	_____

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PART V

1. Please indicate the phone number and best time to contact you if additional information is needed.

Phone _____ Time _____

2. What monthly payment would you be able to make toward your Property Tax bill? \$ _____

I/WE, THE UNDERSIGNED, CERTIFY that the above facts are accurate and true, and I/we realize that any falsification will cancel any approval of a property tax bill reduction. I/we give permission for the City of Portsmouth to verify any statement made above; this may include a review by the Portsmouth Human Services Office.

Signature Date

Signature Date

Please attach all required documentation. If paycheck stubs are not available, we require a statement from your employer, indicating your weekly take-home pay.

If you have a direct deposit for your Social Security check, please send a copy of a bank statement showing the amount. If you have a problem in providing proof of your income, please attach a written explanation.

Did you file an Interest and Dividend tax return to the State of NH for the prior year? Yes No

Did you file a Federal Income Tax Form for the prior year? Yes No

**** Please submit copies for the past two years.**

If you did not enclose a copy of the prior year's tax return(s), please indicate reason why:

Did not have to file – retired

Did not make enough money to file

Did not keep a copy of last years tax return

***We are unable to process an application without all requested documentation.
Thank You.***

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PART VI

VERACITY CERTIFICATION AND RELEASE OF INFORMATION

I/WE HEREBY CERTIFY THAT THE INFORMATION WITHIN THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

I/WE HEREBY REQUEST AND AUTHORIZE THE RELEASE TO THE CITY OF PORTSMOUTH AND ITS AGENTS THE FOLLOWING:

Any and all information they may request through their agents concerning my medical or financial status. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photo copies of such documents, if requested. The information will be used in conjunction with my request for consideration for tax abatement based on inability to pay.

I hereby release the City of Portsmouth, NH and persons providing such information from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in considering my tax abatement request.

This release will expire 90 days after the date signed.

Print Name: _____

Signature: _____

Spouse's Signature (if applicable): _____

Witness: _____

Date: _____