



Box Elder County 2010 Indigent Abatement

Applicant Information

Last Name	First Name	M.I.	Birth Date
Property Address	City	State	Zip
Phone Number	Primary Residence Parcel Number	SS#	

2009 Household Income*	Amount
Wages/salaries	
Social Security	
Pensions/Annuities	
Interest/Dividends	
Capital Gains	
Other Income	
Total 2009 Income	

Applicant must provide the following completed forms:

- Box Elder County Indigent Abatement Form
- Financial Summary for all persons living in the home
- Copies of all income verification
- Statement of hardship or disability signed by applicant
- Any applicable copies of disability, doctor statements, or other information that would help in determining the extent of the hardship or special circumstances.

Under penalties of perjury, I declare to the best of my knowledge and understanding, that the information contained on this application and accompanying forms is true and complete and that I am a resident of Box Elder County.

Signature of applicant	Date

Received by	Date

Return this form by September 1 to:

Box Elder County - Auditor's Office
One South Main
Brigham City, UT 84302
Questions - Please call 435-734-3317

* Include all income, both taxable and non-taxable, for all persons living in the home in 2009.