

INSTRUCTIONS FOR HARDSHIP ASSISTANCE FOR SPECIAL ASSESSMENT PROGRAM

1. Complete the attached application provided by the County Manager's Office.
2. Review the FFY 2015 Federal Poverty Guidelines information (attached) to see if you qualify for a hardship. Hardships are based on 200% poverty guidelines.
3. You must also be a Bay County resident and live in the home subject to the assessment.
4. If you qualify, contact Maureen Merckle, Human Services Counselor with the Department of Health in Bay County at 850-215-0616 to make an appointment for determination of indigent eligibility. Should you need assistance completing your application, Ms. Merckle will be available to assist you at your scheduled appointment.
5. You will need to bring the following documents to your appointment:
 - Proof of Income
 - Previous years Income Tax Returns
 - Social Security Awards Letter
 - Pay Stubs (one month's worth)
 - Proof of Identification
 - Driver's License
 - State Issued Identification Card
6. When the determination has been made by the Human Services Counselor with the Department of Health in Bay County, return the original completed "Application for Determination of Hardship Assistance for Special Assessments Program" to the County Manager, Bay County Administrative Offices, 840 W. 11th Street, Panama City, Florida.
7. Completed applications **MUST** be submitted no later than September 1, 2015, to be eligible for Hardship Assistance for the Special Assessments Program for tax year 2015-2016.

**COMPLETED APPLICATIONS MUST BE RETURNED TO THE COUNTY MANAGER'S OFFICE BY
 SEPTEMBER 1, 2015 TO BE ELIGIBLE FOR HARDSHIP ASSISTANCE**

APPLICATION FOR DETERMINATION OF HARDSHIP ASSISTANCE
 FOR SPECIAL ASSESSMENTS PROGRAM.

Name: _____

Address: _____

Special Assessment Type (circle): Participating paving program (PPP). Property abatement.

1. I am an owner of the property that is subject to the special assessment imposed by the Bay County Board of County Commissioners. Yes _____ No _____.

2. My primary residence is the property that is the subject of the special assessment. Yes _____ No _____.

3. I am unable to pay the Special Assessment and request Hardship Assistance because:
 _____.

4. I have _____ dependents. (Include only those persons you list on your U.S. Income tax return.)

5. Are you Married? Yes No (Circle yes or no)
 Does your Spouse Work? Yes No _____ Annual Spouse Income? \$ _____

6. I have a net income of \$ _____ paid () weekly () every two weeks () semi-monthly () monthly () yearly () other _____.
 (Note: Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered payments such as child support.)

7. I have other income paid () weekly () every two weeks () semi-monthly () monthly () yearly () other _____.

(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job	Yes	\$ _____	No
Veterans' benefits	Yes	\$ _____	No
Social Security benefits			
For you	Yes	\$ _____	No
For child(ren)	Yes	\$ _____	No
Workers compensation	Yes	\$ _____	No
Food stamps	Yes	\$ _____	No
Child support	Yes	\$ _____	No
Income from absent family members	Yes	\$ _____	No
No Stocks/bonds	Yes	\$ _____	No
Unemployment compensation	Yes	\$ _____	No
Rental income	Yes	\$ _____	No
Union payments	Yes	\$ _____	No
Dividends or interest	Yes	\$ _____	No
Retirement/pensions	Yes	\$ _____	No
Other kinds of income not on the list	Yes	\$ _____	No
Trusts	Yes	\$ _____	No
Gifts	Yes	\$ _____	No

8. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Cash	Yes	\$ _____	No
Savings account	Yes	\$ _____	No
Bank account(s)	Yes	\$ _____	No
Stocks/bonds	Yes	\$ _____	No
Certificates of deposit or money market accounts	Yes	\$ _____	No
Motor Vehicle*	Yes	\$ _____	No
Homestead Real Property*	Yes	\$ _____	No
Boats*	Yes	\$ _____	No
Non-homestead real property/real estate*	Yes	\$ _____	No

(*Show loans on these assets in paragraph 9)

Check one: I () DO () DO NOT expect to receive more assets in the near future. The asset is _____.

9. I have total liabilities and debts of \$ _____ as follows:

Motor Vehicle \$ _____
Home \$ _____
Other Real Property \$ _____
Child Support paid direct \$ _____,
Credit Cards \$ _____
Medical Bills \$ _____
Cost of medicines (monthly) \$ _____,
Other \$ _____.

I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this _____ day of _____, 20 ____.

Signature of Applicant for Hardship Assistance

Date of Birth Driver's License or ID Number _____

UPON COMPLETION CONTACT: MAUREEN MERCKLE AT 850-215-0616

DETERMINATION

Based on the information in this Application, I have determined the applicant to be () Indigent () Not Indigent.

Dated this _____ day of _____, 20 ____.

Maureen Merckle, Human Services Counselor
Bay County Health Department
Phone: 850-215-0616 or 850-872-4455 ext. 1109

Federal Poverty Guidelines for FFY 2015

Size of family unit	100 Percent of Poverty	110 Percent of Poverty	125 Percent of Poverty	150 Percent of Poverty	175 Percent of Poverty	185 Percent of Poverty	200 Percent of Poverty
1	\$11,670	\$12,837	\$14,588	\$17,505	\$20,423	\$21,590	\$23,340
2	\$15,730	\$17,303	\$19,663	\$23,595	\$27,528	\$29,101	\$31,460
3	\$19,790	\$21,769	\$24,738	\$29,685	\$34,633	\$36,612	\$39,580
4	\$23,850	\$26,235	\$29,813	\$35,775	\$41,738	\$44,123	\$47,700
5	\$27,910	\$30,701	\$34,888	\$41,865	\$48,843	\$51,634	\$55,820
6	\$31,970	\$35,167	\$39,963	\$47,955	\$55,948	\$59,145	\$63,940
7	\$36,030	\$39,633	\$45,038	\$54,045	\$63,053	\$66,656	\$72,060
8	\$40,090	\$44,099	\$50,113	\$60,135	\$70,158	\$74,167	\$80,180

For all states (except Alaska and Hawaii) and for the District of Columbia.

Note: For optional use in FFY 2014 and mandatory use in FFY 2015

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