

**CITY OF BRIDGEPORT  
FIRE PROTECTION ASSESSMENT FEE  
RESIDENTIAL HARDSHIP EXEMPTION APPLICATION**

Application Year: \_\_\_\_\_

This statement must be completed and signed by applicant(s) for the fire protection assessment fee hardship exemption for the applicable tax year. Proof of income and expenses must accompany the application upon filing with the City of Bridgeport. The home owner is responsible for contacting the City of Bridgeport to obtain an application and provide all required documentation. Incomplete applications will not be considered. If this application has been completed after the account has been sent to the Harrison County Magistrate Court, all associated court fees must be paid prior to fire fees being written off.

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

List names of **ALL** persons residing in the residence along with their gross income. This information is required for them to be considered as an exemption.

Name	Gross Income*
Total Income for Residence	

\*Please refer to instructions page for clarification on Gross Income requirement.

Applicant Name: \_\_\_\_\_

No. of persons living in the residence: \_\_\_\_\_

Gross Income for Residence: \_\_\_\_\_

Please refer to the below Guideline Chart. If the Total Gross Income for residence is below the amount in column two of the Chart, you do not need to provide proof of household expenses. Sign the form below and provide proof of income and return to the City of Bridgeport for review and approval.

Annual Expenses for Residence (must be paid directly by member of household)

Please do not include home or auto insurance, personal or property taxes paid to the county.

Mortgage/Rent \_\_\_\_\_

Alimony \_\_\_\_\_

Child Support \_\_\_\_\_

Water/Sewer \_\_\_\_\_

Electric \_\_\_\_\_

Gas \_\_\_\_\_

Garbage \_\_\_\_\_

Phone (max \$65.00) \_\_\_\_\_

Out of Pocket Medical Expenses \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Total Annual Expenses for Residence: \_\_\_\_\_

Residence Income: \_\_\_\_\_

Less Residence Expenses: \_\_\_\_\_

Adjusted Income: \_\_\_\_\_

Income Amount from Chart: \_\_\_\_\_

**I HEREBY ACKNOWLEDGE THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE FOR ALL WAGE EARNERS IN MY HOUSHOLD.**

\_\_\_\_\_  
Applicants Signature:

\_\_\_\_\_  
Date:

Federal Guideline Chart	
Persons in Residence	Amount
1	\$14,580
2	\$19,720
3	\$24,680
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560
Additional person(s), add	\$5,140/ea

APPROVED:

\_\_\_\_\_  
DIECTOR OF FINANCE

\_\_\_\_\_  
DATE

## INSTRUCTIONS FOR COMPLETION

### Application Year

The application year must correspond with the billing year for which you are applying. All associated income and expenses must have occurred during the application year. Example: If your billing started in 2014 and you are requesting exemption from paying charges for 2014 to present, you must provide proof of income and expenses for 2014.

### Name and Address

Please enter the name(s) as they appear on the Deed and the physical address of the property.

### Gross Income

You must provide proof of income for all parties residing in the residence. The gross income is all funds received during the application year as reported on your federal income tax return. If you do not file a tax return, you may either use your yearly statement from Social Security or your monthly bank statements. Income includes but is not limited to: Wages reported on a W-2, child support, alimony, Social Security benefits, VA benefits, Interest, Worker's Compensation benefits, Unemployment benefits, Capital Gains, Dividends, Pension, Annuities, etc.

If you file form 1040EZ, you will find your gross income on line 4.

If you file form 1040A, you will find your gross income on line 15.

If you file form 1040, you will find your gross income on line 22.

### Expenses

You must provide proof of all expenses for the residence. You may not include any approved household expenses which are paid by another entity (Criss-Cross, Salvation Army, local church or other forms of aide). Only those paid directly by someone residing within the residence will be considered.

**Mortgage/Rent** – For your mortgage, you may only use your actual mortgage payment amount. Do not include any escrows payments for insurance and property taxes. Please include a copy of your yearly mortgage statement or your loan agreement. For rent, you may use a canceled check, bank statement or a copy of your rent/lease agreement.

**Alimony/Child Support** - You may either use a canceled check, bank statement or a court order for proof of child support/alimony.

**Utilities** - You may provide us with a single copy of a utility bill, which represents your monthly or average payment.

**Telephone** - For the phone expense, there is a maximum allowed amount of \$65/month. Again, you must provide proof of this expense. Cell phone will only be considered if you don't have a land line.

**Medical Expenses** – Only include those paid out of pocket by someone within the residence.

**Medical Insurance** – Only include health insurance premium and medical bills that are paid by someone within the residence. This includes prescription drugs.