

Application for Hardship Designation
Nassau County Hardship Review Board
Theodore Roosevelt Executive and Legislative Building
1550 Franklin Avenue
Mineola, NY 11501-4989
hardship@nassaucountyny.gov
516-571-4166

Hardship Applications Are Available On Residential Property Only
All Applications Must Include a Copy of the Owner(s) Drivers License
Commercial Property is Excluded
Application Must Be Notarized

1. Name of Owner(s) Record: _____
2. Telephone Number of Owner(s) of Record: _____
3. Location of Property
Street Address: _____
City/Town/Village: _____ Zip Code: _____
County: _____ School District Code: _____
4. Tax Map of Nassau County: Section: _____ Block: _____ Lot: _____
5. Is the property listed on the tax rolls as: Commercial _____ or Residential _____
6. Name and Address if Applicant if Other Than Owner(s) of Record
Street Address: _____
City/Town: _____ Village: _____
County: _____ School District: _____
Relationship to Owner: _____ Telephone: _____
7. The Property is a One, Two, or Three Family Residence: _____
8. Is the Property the Primary Resident of the Owner(s) of Record: Yes ()¹ No ()
9. Indicate Document Submitted With Application as Proof Of Ownership:
Deed () Mortgage () Other () Specify: _____
10. Date Tax Lien Was Sold: _____ Certificate Number: _____
Total Amount Due: _____ Lien Holder: _____

¹ If yes, please provide documentation.

11. Reason(s) For Application:

_____ Age (If checked, please see 11a)

_____ Physical Disability²

_____ Mental Disability³

_____ Limited Financial Circumstances

_____ Other (specify)⁴

11a. Indicate Document Submitted With Application as Proof of Age of Owner(s) of Record:

_____ Birth Certificate

_____ Baptismal Certificate

_____ Other (specify)⁵

12. Date of Birth of Owner(s) of Record: _____

I (we) certify that all of the statements made above are true and correct to the best of my (our) knowledge and I (we) understand that any willful false statements made herein will subject me (us) to the penalties prescribed before in the penal law.

Signature of Owner(s) of Record (or Applicant
Other Than Owner(s) of Record) _____
Date

Please Be Advised That Interest Continues To Accrue On Unpaid Taxes At The Following Rates of Interest

Hardship

**5% Per Six Month Period For A Total Of
10% For The One Year Hardship Extension**

Section II

² If yes, have a physician complete Section II

³ If yes, have a physician complete Section II

⁴ If yes, please explain on a separate piece of paper

⁵ If yes, please explain on a separate piece of paper

Physician's Certification of Physical or Mental Disability

Physician's Name: _____

Office Address: _____

New York State License No. _____

Date of Issue: _____

Patient's Name: _____

Patient's Address: _____

Does the patient have a physical or mental disability which substantially limits his or her ability to earn a living?

_____ Yes

_____ No

If yes, please describe patient's disability: _____

I certify that all statements made in this section are true and correct to the best of knowledge and professional belief.

Signature of Physician

Date

Net Worth Statement

_____, the owner(s) of record herein, being duly sworn, depose and say that the following is an accurate statement of net worth (assets of whatsoever kind and nature and wherever situated minus liability) and statement of income from all sources and statement of assets transferred of whatsoever kind and nature and wherever situated.

Section III – Income

Employer (state if self-employed) _____

Employer's Address _____

Social Security Number _____

Number of Dependents Claimed _____

Number of Members of Household _____

Weekly Gross Salary/Wages _____

Total Deductions _____

Weekly Net Salary/Wages _____

Income from other sources (Examples include part-time jobs, tips, rent, pensions, dividends, unemployment insurance, disability, etc.)

Income of Other Members of Household

Weekly Gross Salary or Wages _____

Weekly Net Salary or Wages _____

Total Gross Income Last Year _____

Section IV – Assets

Savings Account Balance _____

Name of Bank(s) _____

Account Number(s) _____

Checking Account Balance _____

Name of Bank(s) _____

Account Number(s) _____

Automobile(s) _____

Year and Make _____

Value _____

Residence Owned (Address) _____

Market Value _____

Mortgage Owed _____

Other Real Estate Owned (Address) _____

Market Value _____

Mortgage Owed _____

Other Property Owned (for example – stock and bonds, trailers, boats, etc.)

_____ Value _____

_____ Value _____

List All Assets Transferred During Preceding Three Years

<u>Description of Property</u>	<u>To Whom it Transferred</u>	<u>Date of Transfer</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

Section V – Expenses (List All Expenses on a Monthly Basis)

Mortgage Payment (if any) _____

Real Estate Taxes (if not included in Mortgage) _____

Food _____

Utilities _____

Gas _____

Electric _____

Telephone _____

Heating Fuel _____

Water _____

Do you have medical insurance? _____ Does it cover your children? _____

Do you have dental insurance? _____ Does it cover your children? _____

Do you have...

Life Insurance? _____ Auto Insurance? _____ Fire Insurance? _____

Do you have any other type of insurance? If so please specify. _____

Auto Payment: _____ Balance Due: _____

Tuition: _____

Do you have any other recurring expenses? If so, please specify: _____

Total Expenses: _____

Section VI – Liabilities, Loans, Debts, & Judgments

Owed to Whom _____

Purpose _____

Balance Due _____

Owed to Whom _____

Purpose _____

Balance Due _____

Owed to Whom _____

Purpose _____

Balance Due _____

Total Monthly Payments: _____

Financial Data That Should Be Brought to the Attention of the Court

Do you have a safe deposit box? Yes () No ()

Name of Bank(s) _____

The forgoing statement has been carefully read by the undersigned who states that it is true and correct

Owner(s) of Record

Sworn to before me this

_____ day of _____