BONNIE SMITH- PFAFF MILLARD COUNTY AUDITOR 50 SOUTH MAIN FILLMORE UT. 84631 435-743-5228

HARDSHIP ABATEMENTS OR DEFERRALS

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Qualifications: You may qualify for a property tax adjustment or deferral if the County finds that you will have extreme financial hardship without it. (See §59-2-1801 (7)(a)(ii)(A))

Extreme hardship is a severe and significant difficulty in meeting basic needs, such as food, housing, and clothing, due to unforeseen or extraordinary circumstances beyond one's control, like major illness, job loss, or natural disaster. It is not simply having difficulty paying bills, but an extreme inability to provide for oneself or one's family's fundamental necessities.

Millard County will likely offer a Hardship Deferral prior to abating taxes. The Hardship Deferral program allows property owners to delay paying their assessed taxes for a certain period of time. Interest will accrue annually, but delinquency penalties won't be assessed during the deferral period.

When the County grants a discretionary deferral or adjustment of taxes, the county is mandated to post notice in a county public building where the property is located.

Instructions: Please use this form if you are facing **EXTREME** hardship and do not qualify by age or disability

Statement of Hardship

	1
1Applicant's Last Name, First Name, Middle Name	Co-Applicant Last Name, First Name, Middle Name
2. Property Identification Number	Current value of property
4. Please include a signed statement detailing the circu	mstances of the hardship. (§59-2-1804)
Financ	ial Summary
5. Number of people living in the home at this time:	(You must include income and expenses for everyone.)
6. Household income from all sources : Please provide income, dividends, pensions, unemployment, worker's received under UC §59-2-1202.	e supporting documentation of wages/salaries, interest s compensation, business rental, farm income, any income
7. Provide a listing of all liquid and fixed assets other taccounts, land or other real estate, retirement assets estate.	than items of nominal value. (vehicles, savings, checking tc.) See back of form.
8. Attach a copy of prior years' IRS tax return.	
9. Have you transferred any assets to relatives, or to a	Trust, within the past three years?
If "ves." please attach a listing of all assets transferred t	to relatives within the past three years Yes No

10. Do you	have a mo	rtgage on you	r home:	Yes	No					
11. If a def	erral is grar	nted, you mus	t provide	written ap	proval from t	he hold	ler of any mort	tgage	or trust deed.	
Current mo	onthly expen	nses:								
Mortga		Utilities	I	nsurance	Motor Vehicle		Other		Total household	
\$	\$		\$		\$		\$		expenses \$	
Assets: Retirement	Assets	401K		Pension	IRA		Darsonal pror	aertu.	Land /other real estate	
\$	\$	401K	\$	CHSIOH	\$		Personal property \$		\$	
Other:	Ψ		Ψ		Ψ		<u></u> Φ		Ψ	
\$	\$		\$		\$		•		- 	
δ Fotal Asset			Ф		Ф		\$			
Savings Sotal Liqui	ss Checking \$ Liquid Assets			Cash on hand		CD money market		Other:		
				Carrona	1 Statement					
12Signature of applicant			Date		Signature of spouse			Date		
					(spouse must	(spouse must sign if home is owned in joint tenan			cy)	
			E/	D COU	NTY USE ON	JI X/				
DOE data	and decision	\.		JK COUI	VII USE OF	NL I				
	djusted or o									
		n reported to								
the State	Гах Commi	ssion								
Taxes owed:					Taxes abated:					
Percentage:					Posted public notice date:					
2024 Income										
\$0	\$14,490	50%								
\$14,491	\$19,324	45%								
		40%								
\$19,325	\$24,152									
\$24,153	\$28,983	35%								
\$28,984	\$33,816	30%								
\$33,817	\$38,360	25%								
\$38,361	\$42,623	20%								