

**Abatement Hearing Request – Town of Barre, Vermont**

(Request #: \_\_\_\_\_ - Office use only)

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

Name of Agent (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Abatement request is for:**

\_\_\_\_\_ **Taxes**    \_\_\_\_\_ **Ambulance**    \_\_\_\_\_ **Water**    \_\_\_\_\_ **Sewer**    \_\_\_\_\_ **Other**

**I am requesting abatement allowed in the Town Charter and/or under the statutory criteria of 24 VSA §1535 as follows:**

\_\_\_\_\_ (1) That there is no reasonable probability that the tax\* can be collected (**only at request of the Town**)

\_\_\_\_\_ (2) That the tax\* was not properly assessed

\_\_\_\_\_ (3) That all persons liable for the tax\* have died or removed from the state

\_\_\_\_\_ (4) That the persons liable for the tax\* are financially unable to pay (**\*see page 2 instructions**)

\_\_\_\_\_ (5) That the collection of the tax\* would work an injustice

\_\_\_\_\_ (6) That collection of the tax\* would create an undue expense for the Town (**only at request of the Town**)

\_\_\_\_\_ (7) There is a manifest error or mistake of the lister(s)/assessor(s)

\_\_\_\_\_ (8) Taxes upon real or personal property lost or destroyed during the tax year

\_\_\_\_\_ (9) The exemption amount available under 32 VSA §3802(11) to persons otherwise eligible for exemption who file a claim on or after May 1 but before October 1 due to the claimant's sickness or disability or other good cause as determined by the board of abatement; but that exemption amount shall be reduced by 20% of the total exemption for each month or portion of a month the claim is late filed

\_\_\_\_\_ (10) Taxes upon a mobile home moved from the town during the tax year as a result of a change in use of the mobile home park land or parts thereof, or closure of the mobile home park in which the mobile home was sited, pursuant to 10 VSA §6237.

**\*Barre Town Charter allows for abatement of taxes, special assessments, charges or levies.**

**Briefly describe the reason for abatement request. (Attach separate sheet(s) if necessary).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Abatement Hearing Request – Town of Barre, Vermont (Pg. 2)**

**For property taxes, water or sewer requests only. Please submit a copy of your bill(s).**

Property address: (if different from mailing address): \_\_\_\_\_

SPAN#: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Property type: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Agricultural \_\_\_\_\_ Forest

**Account information for Ambulance requests only:**

Owner/patient name (if different from applicant): \_\_\_\_\_

Ambulance trip #: \_\_\_\_\_ Date of Ambulance Service: \_\_\_\_\_

Was there a transport? \_\_\_\_\_ Yes \_\_\_\_\_ No Was insurance available? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*For criteria # 4 (financially unable to pay), an Income, Expense, Resource and Asset Statement (provided you) is required.** Are you including the required statement? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Oath:** I solemnly swear (or affirm) that the evidence/testimony/statement I shall give (or provide) relative to this cause now under consideration shall be the whole truth and nothing but the truth, so help me God (or under the pains and penalties of perjury).

***(If signed by an Agent, attach a copy of written authorization to sign from the Applicant(s)).***

Date: \_\_\_\_\_ Amount of abatement request: \$ \_\_\_\_\_

Applicant (or Agent) Signature(s): \_\_\_\_\_  
\_\_\_\_\_

**For your hearing, you will be responsible for supplying evidence to support your request; the burden of proof is yours. \*For reason # 4 (financially unable to pay), please see above for submitting the required statement. You may also want to provide additional documentation, such as W-2's, tax returns, medical bills or any other documentation that will help support your request.**

You are not required to appear in person, although you are encouraged to do so, so you can provide verbal testimony and answer any of the Board's questions. If you do not appear at the hearing, the Board's decision will be based solely on the information you submit with your abatement request.

The Board is under no obligation to grant any abatement requests.

You will be notified in writing of the Board's decision.

If you do not agree with the Board's decision, you may appeal the Board's decision to Superior Court in accordance with Rule 75 of the Vermont Rules of Civil Procedure.

# Income, Expense, Resource and Asset Statement

This Statement is required when criteria #4 is chosen (*financially unable to pay*)

(See instructions on the reverse side of this form)

Applicant (or Agent) Name(s):
Date of Abatement Request: _____, 20____.

MONTHLY HOUSEHOLD INCOME		MONTHLY HOUSEHOLD EXPENSES	
Salary / Wages / Bonuses	\$	Housing (Rent, Mortgage)	\$
Self-Employment	\$	Property Taxes	\$
Social Security, SSDI or SSI	\$	Utilities (Elec., Water, Sewer, etc.)	\$
Rental Income	\$	Heating (Oil, Propane, wood, etc.)	\$
Unemployment Compensation	\$	Telephone (Including cell)	\$
Disability Comp. (Including VA)	\$	Cable / Dish / Internet	\$
Workers Compensation	\$	HO or Renters Insurance	\$
Annuities and/or Pensions	\$	Food (Excluding Food Stamps)	\$
Alimony / Child Support (Rec'd.)	\$	Alimony / Child Support (Paid)	\$
Other: (Retirement, Military, etc.) <small>explain on back or separate statement</small>	\$	Transportation (Auto & Public)	\$
<b><u>Total Average Monthly Income:</u></b>	\$	Other Insurance (Car, Life, etc.)	\$
		Medical (Including Ins. Premiums)	\$
<b><u>*RESOURCES &amp; ASSETS</u></b> <small>(As of date of application)</small>		Entertainment (Dining, gifts, etc.)	\$
Checking Account(s)	\$	Alcohol / Tobacco Products	\$
Savings Account(s) <small>(Regular, Education, X-mas Club, etc.)</small>	\$	Other Debts (cc's, loans, etc.) Attach <small>separate itemization, if necessary</small>	\$
Stocks, Bonds and/or CDs	\$	Misc. (Clothing, Pet Care, etc.)	\$
Cash on Hand	\$	IF OTHER, <u>explain below, on back or attach separate statement.</u>	\$
IRA's, 401K's, SEP/SIMPLE, etc.	\$		\$
IF OTHER, <u>explain on back or attach separate statement.</u>			\$
<b><u>Current Total Resources and Assets:</u></b>	\$	<b><u>Total Average Monthly Expenses:</u></b>	\$

## INSTRUCTIONS

For "MONTHLY HOUSEHOLD INCOME," list the average monthly income. To calculate, take the total annual amount (beginning on the date of the request going back 12 months) for ***all members of the applicant's household*** and divide by 12.

\*For "RESOURCES & ASSETS," list the ***current value(s) as of the date of the application*** for all members of the applicant's household. Do not average over the past 12 months.

For "MONTHLY HOUSEHOLD EXPENSES" that occur once a year (or less frequently), simply divide the total annual expense by 12.

**PLEASE NOTE:** THE PURPOSE OF THIS STATEMENT IS TO PROVIDE THE BARRE TOWN BOARD OF ABATEMENT (BOA) WITH A SNAPSHOT OF THE ABATEMENT APPLICANT'S CURRENT FINANCIAL POSITION IN ORDER TO PROPERLY AND FAIRLY EVALUATE THOSE APPLICATIONS FOR ABATEMENT BASED UPON CRITERIA #4, "FINANCIALLY UNABLE TO PAY." BY SUBMITTING THIS FORM WITH YOUR REQUEST, THE APPLICANT/AGENT ACKNOWLEDGES HAVING TAKEN THE OATH ON THE REQUEST FORM.

**Use this section for additional comments:**