

BOX ELDER COUNTY 2025 INDIGENT ABATEMENT APPLICATION

Applicant Information					
Last Name		First Name M.I.		Birth Date	
Property Address		City		State	Zip
Phone Number		Account Number		SS#	
		non-taxable income, for all persons than \$40,840 to be eligible for the	_		•
2022 Household Income*	Amount	Applicant must submit the following completed forms:			
Wages/salaries		Box Elder County Indigent Abatement Application			
Social Security		Financial Summary for all persons living in the home			
Pensions/Annuities		Copies of all income verification (tax forms, etc.)			
Interest/Dividends		Statement of hardship or disability, signed by applicant			
Capital Gains		Copies of disability, doctor statements, or other			
Other Income		information that will help in determining the extent			
Total 2022 Income		of the hardship or special circumstance			
		t of my knowledge and understar nat I am a resident of Box Elder C		at this info	ormation
Signature of applicant				Date	
Received by				Date	
	Return this	form as soon as possib	ole to:		
		er County - Auditor's Off One South Main igham City, UT 84302	fice		
	Question	s - Please call 435-734-	3325		