

APPLICATION FOR HARDSHIP AGREEMENT

OWNER NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

TAX PARCEL# \_\_\_\_\_ TAX CLAIM ACCOUNT# \_\_\_\_\_

OWNER PHONE NUMBER \_\_\_\_\_

DO YOU OWN THE PROPERTY LISTED ABOVE? (Circle one) Yes No

DO YOU LIVE IN THE PROPERTY LISTED ABOVE? (Circle one) Yes No

**PLEASE SELECT ONE (1) OF THE FOLLOWING TWO (2) EXTENUATING CIRCUMSTANCES TO BE ACCEPTED INTO A HARDSHIP AGREEMENT TO STAY THE TAX SALE OF YOUR PROPERTY**

**1. SERIOUS PHYSICAL ILLNESS OR INJURY OR COMBINATION OF THE ILLNESS OR INJURY WITH A STATE OF PROLONGED UNEMPLOYMENT**

(a) Are you a permanent resident of the Commonwealth of Pennsylvania/? Yes No

(b) Has the illness or injury, or combination thereof, occurred or persisted during any of the tax years for which the delinquent taxes were assessed or during the year immediately preceding any such delinquency? Yes No

(c) The illness or injury, or combination thereof, has been a substantial cause of the owner's failure to pay any such delinquent tax or taxes to the date of this application Yes No

(d) Please complete the Authorization for Disclosure of Healthcare Information and have your health care provider (physician) complete the Physician's Attending Certification. **Your Application will not be processed until receipt of both forms.**

**2. PROLONGED UNEMPLOYMENT**

(a) Are you a permanent resident of the Commonwealth of Pennsylvania/? Yes No

(b) Has your unemployment occurred or was persistent during any of the tax years for which the delinquent taxes were assessed or during the year immediately preceding any such delinquency? Yes No

(c) Has your unemployment been the substantial cause of your failure to pay your delinquent taxes? Yes No

(d) Please provide a copy of your Notice of Financial Determination (Form UC-44F) from the Pennsylvania Department of Labor & Industry **Your application will not be processed until receipt of this form.**

I, \_\_\_\_\_ verify that the facts set forth in the foregoing are true and correct, to the best of my knowledge, information, and belief. I understand that the statements contained herein are made subject to the penalties of 18 PA C.S.A. Section 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
(Owner's signature)

\_\_\_\_\_  
(Date)

PLEASE RETURN THIS COMPLETED APPLICATION AND REQUIRED FORMS TO: *BERKS COUNTY TAX CLAIM, HARDSHIP PROGRAM, 633 COURT STREET, 2<sup>ND</sup> FL, READING, PA 19601 TELEPHONE (610-478-6625)*

**FOR OFFICE USE ONLY \_\_ ACCEPTED \_\_ DENIED**