



CITY OF PANAMA CITY, FLORIDA

APPLICATION FOR HARDSHIP DEFERRAL OF 2020 FIRE PROTECTION SERVICE ASSESSMENT

Name of Applicant: _____ Social Security Number: ____ - ____ - ____

Name of Co-Owner: _____ Social Security Number: ____ - ____ - ____

E-mail Address: _____ Telephone Number: _____

Address of Property for Which Deferral is Sought: _____

Is this parcel your primary residence? _____

Tax Parcel ID No. of Property: _____

Number of Dependents: ____ Annual Income of Applicant: \$ _____

Total Annual Income of Others in Household: \$ _____

Total Balance of All Bank Accounts of the Property Owners: \$ _____

For those that do not file tax returns, attach a letter of non-filing status.

Vehicles Owned by Members of Applicant's Household:

Make	Model	Year	Value

Brief explanation of the difficult or catastrophic situation creating temporary financial hardship such as a hardship due to age, eligible military service, or paraplegic/quadruplegic/blind.

By signing and submitting this application, I certify that the above information is true and correct, that the property listed above is owned by me or jointly by me and other members of my household, that I am current on all property taxes and all other payments due to Bay County, the City of Panama City, or any other public entity associated with the property, and that I am current on all mortgage payments or any other payments secured by the property.

Signature of Applicant/Date

Signature of Co-Applicant/Date