

**INSTRUCTIONS FOR COMPLETING  
CITY OF BRIDGEPORT  
ANNUAL FIRE FEE HARDSHIP APPLICATION**

YOU MAY BE ELIGIBLE FOR A HARDSHIP EXEMPTION FOR THE CITY OF BRIDGEPORT FIRE PROTECTION ASSESSMENT FEE FOR THE FISCAL YEAR BEGINNING JULY 1. IN ORDER TO QUALIFY, HOMEOWNERS MUST MEET STRICT INCOME AND RESIDENCE ELIGIBILITY CRITERIA AND PROVIDE ALL REQUIRED DOCUMENTATION.

PLEASE READ THE APPLICATION IN FULL. ALL APPLICANTS MUST COMPLETE PAGE 2 AND PAGE 3, 4, OR 5, WHICHEVER APPLIES TO YOU.

FOLLOWING ARE REQUIREMENTS FOR ELIGIBILITY FOR EXEMPTION WHICH MUST BE INCLUDED WITH YOUR APPLICATION:

- 1 THE "HOUSEHOLD INCOME" (CUMULATIVE "ADJUSTED GROSS INCOME") OF ALL PERSONS LIVING IN THE HOME CANNOT EXCEED THE MAXIMUM HOUSEHOLD ADJUSTED GROSS INCOME SHOWN IN THE GUIDELINE TABLE PLUS EXPENSES PAID BY APPLICANT FOR WATER, SEWER, GAS, ELECTRIC, GARBAGE, MEDICAL BILLS, AND PRESCRIPTION DRUGS. THIS APPLIES ONLY TO THE FIRE PROTECTION ASSESSMENT FEE LEVIED BY THE CITY OF BRIDGEPORT GRANTING THE EXEMPTION.
- 2 MOST RECENT TAX RETURN 1040 OR 1040EZ, IF FILED.  
\*\*IF NO TAX RETURN IS FILED, PROVIDE OTHER PROOF OF ALL INCOME. \*\*
- 3 SOCIAL SECURITY BENEFITS STATEMENT, IF APPLICABLE.
- 4 PROOF OF EXPENSES PAID BY THE HOUSEHOLD FOR THE TWELVE MONTH PERIOD ENDING DECEMBER 31 OF PRIOR YEAR FOR WATER, SEWER, GAS, ELECTRIC, GARBAGE, MEDICAL BILLS AND PRESCRIPTION DRUGS.
- 5 ALL REQUIRED DOCUMENTATION WITH THE COMPLETED AND SIGNED APPLICATION MUST BE SUBMITTED PRIOR TO **JUNE 15** OF THE CURRENT TAX YEAR.
- 6 COMPLETED AND SIGNED HARDSHIP APPLICATION FORM
  - HARDSHIP EXEMPTION APPLICATIONS MUST BE SUBMITTED TO:  
  
**CITY OF BRIDGEPORT  
ATTN: FIRE FEE  
PO BOX 1310  
515 W MAIN ST  
BRIDGEPORT WV 26330**
  - APPLICATIONS ARE AVAILABLE AT CITY HALL AND ON THE CITY WEBSITE [www.bridgeportwv.com](http://www.bridgeportwv.com).
  - **ALL INCOMPLETE APPLICATIONS WILL BE RETURNED**
- **\*\*PLEASE DO NOT SUBMIT ORIGINALS (COPIES ONLY) AS THEY WILL NOT BE RETURNED.\*\***

**CITY OF BRIDGEPORT  
FIRE PROTECTION ASSESSMENT FEE  
RESIDENTIAL HARDSHIP EXEMPTION APPLICATION**

APPLICATION YEAR \_\_\_\_\_

THIS STATEMENT MUST BE COMPLETED ANNUALLY AND SIGNED BY APPLICANTS FOR THE FIRE PROTECTION ASSESSMENT FEE HARDSHIP EXEMPTION FOR THE CURRENT TAX YEAR. THIS STATEMENT MUST BE FILED WITHIN THE CITY OF BRIDGEPORT ON OR BEFORE JUNE 15 OF EACH YEAR.

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

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

LIST NAMES OF ALL PERSONS RESIDING IN THE HOUSING UNIT FOR WHICH EXEMPTION IS REQUESTED. (SEE IRS FORM 1040, LINE 22 OR IRS FORM 1040EZ, LINE 4)

NAME	*DOES PERSON FILE FEDERAL INCOME TAX?	ADJUSTED GROSS SALARY
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

**TOTAL ADJUSTED GROSS SALARY FOR ALL HOUSEHOLD MEMBERS** \$ \_\_\_\_\_  
(ENTER THIS AMOUNT ON LINE 1 OF PAGE 3, 4 OR 5)

- ( ) YES, I (WE) FILE FEDERAL INCOME TAX RETURN FORM 1040.  
PLEASE SKIP TO AND COMPLETE PAGE 3 OF THIS FORM.
- ( ) YES, I (WE) FILE FEDERAL INCOME TAX RETURN FORM 1040EZ.  
PLEASE SKIP TO AND COMPLETE PAGE 4 OF THIS FORM.
- ( ) NO, I (WE) DO NOT FILE A FEDERAL INCOME TAX RETURN.  
PLEASE SKIP TO AND COMPLETE PAGE 5 OF THIS FORM.

**FILED FEDERAL INCOME TAX RETURN FORM 1040**

**NAME** \_\_\_\_\_

**# OF PERSONS LIVING IN HOUSEHOLD** \_\_\_\_\_

**ANNUAL INCOME**

**ANNUAL EXPENSES PAID BY HOUSEHOLD**

- 1** GROSS SALARY \_\_\_\_\_  
(IRS FORM 1040, LINE 22)
- 2** VETERAN'S BENEFIT \_\_\_\_\_
- 3** MEDICAID BENEFIT \_\_\_\_\_
- 4** CHILD SUPPORT/ALIMONY \_\_\_\_\_
- 5** WORKERS COMPENSATION \_\_\_\_\_
- 6** OTHER \_\_\_\_\_

- 8** UTILITIES \_\_\_\_\_  
WATER/SEWER \_\_\_\_\_
- ELECTRIC \_\_\_\_\_
- GAS \_\_\_\_\_
- GARBAGE \_\_\_\_\_

**7 ADJUSTED GROSS INCOME** \_\_\_\_\_

**9** PRESCRIPTION DRUG \_\_\_\_\_  
(NOT PAID BY INSURANCE OR OTHERS)

**10** MEDICAL BILLS \_\_\_\_\_  
(NOT PAID BY INSURANCE OR OTHERS)

(ENTER AMOUNT OF LINE 7 ON LINE 15 BELOW)  
IF LINE 7 IS LESS THAN GUIDELINE CHART BELOW, PLEASE SIGN AND RETURN. DO NOT COMPLETE EXPENSE INFORMATION.

**11 TOTAL ANNUAL EXPENSES** \_\_\_\_\_  
(ENTER AMOUNT OF LINE 11 ON LINE 13 BELOW)

**\*\*MUST SUBMIT PROOF OF PAYMENT FOR EACH EXPENSE CLAIMED. EXPENSES PAID BY OTHER ENTITIES DO NOT QUALIFY, I.E. CRISS-CROSS, SALVATION ARMY, INSURANCE COVERAGE.**

**SUMMARY WORKSHEET**

**12.** GO TO GUIDELINE CHART AND FILL IN THE EXEMPT HOUSEHOLD INCOME FOR THE NUMBER OF PERSONS IN HOUSEHOLD \_\_\_\_\_

**13.** ADD TOTAL ANNUAL EXPENSES FOR ALL MEMBERS OF HOUSEHOLD ACTUALLY PAID (WATER, SEWER, GAS, ELECTRIC, GARBAGE, MEDICAL BILLS AND PRESCRIPTION DRUGS) FOR 12 MONTH PERIOD ENDING DECEMBER 31 OF PRIOR YEAR. \_\_\_\_\_

**14.** SUM OF NUMBER 12 AND 13 \_\_\_\_\_

**15.** ENTER GROSS INCOME OF ALL MEMBERS LIVING IN THE HOUSEHOLD \_\_\_\_\_

**16.** IF LINE 15 IS LESS THAN LINE 14, YOU MAY QUALIFY FOR THE HARDSHIP EXEMPTION

IF LINE 15 IS MORE THAN LINE 14, YOU DO NOT QUALIFY FOR EXEMPTION.

I HEREBY ACKNOWLEDGE THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE FOR ALL WAGE EARNERS IN MY HOUSEHOLD.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**GUIDELINE CHART**

PERSONS IN FAMILY OR HOUSEHOLD	AMOUNT
1	\$10,210
2	\$13,690
3	\$17,170
4	\$20,650
5	\$24,130
6	\$27,610
7	\$31,090
8	\$34,570
FOR EACH ADDITIONAL PERSON, ADD	\$3,480

**FILED FEDERAL INCOME TAX RETURN FORM 1040EZ**

**NAME** \_\_\_\_\_

**# OF PERSONS LIVING IN HOUSEHOLD** \_\_\_\_\_

**ANNUAL INCOME**

**ANNUAL EXPENSES PAID BY HOUSEHOLD**

- 1 GROSS SALARY \_\_\_\_\_  
(IRS FORM 1040EZ, LINE 4)
- 2 RENTAL INCOME \_\_\_\_\_
- 3 PENSION INCOME \_\_\_\_\_
- 4 SELF EMPLOYMENT INCOME \_\_\_\_\_
- 5 SOCIAL SECURITY BENEFIT \_\_\_\_\_
- 6 VETERAN'S BENEFIT \_\_\_\_\_
- 7 MEDICAID BENEFIT \_\_\_\_\_
- 8 CHILD SUPPORT/ALIMONY \_\_\_\_\_
- 9 UNEMPLOYMENT \_\_\_\_\_
- 10 LOW EARNINGS \_\_\_\_\_
- 11 WORKERS COMPENSATION \_\_\_\_\_
- 12 OTHER \_\_\_\_\_
- 13 **ADJUSTED GROSS INCOME** \_\_\_\_\_

- 14 UTILITIES \_\_\_\_\_
  - WATER/SEWER \_\_\_\_\_
  - ELECTRIC \_\_\_\_\_
  - GAS \_\_\_\_\_
  - GARBAGE \_\_\_\_\_
- 15 PRESCRIPTION DRUG \_\_\_\_\_  
(NOT PAID BY INSURANCE OR OTHERS)
- 16 MEDICAL BILLS \_\_\_\_\_  
(NOT PAID BY INSURANCE OR OTHERS)
- 17 **TOTAL ANNUAL EXPENSES** \_\_\_\_\_

(ENTER AMOUNT OF LINE 13 ON LINE 21 BELOW)  
 IF LINE 13 IS LESS THAN GUIDELINE CHART BELOW, PLEASE SIGN AND RETURN. DO NOT COMPLETE EXPENSE INFORMATION.

**\*\*MUST SUBMIT PROOF OF PAYMENT FOR EACH EXPENSE CLAIMED. EXPENSES PAID BY OTHER ENTITIES DO NOT QUALIFY, I.E. CRISS-CROSS, SALVATION ARMY, INSURANCE COVERAGE.**

(ENTER AMOUNT OF LINE 17 ON LINE 19 BELOW)

**SUMMARY WORKSHEET**

18. GO TO GUIDELINE CHART AND FILL IN THE EXEMPT HOUSEHOLD INCOME FOR THE NUMBER OF PERSONS IN HOUSEHOLD \_\_\_\_\_

19. ADD TOTAL ANNUAL EXPENSES FOR ALL MEMBERS OF HOUSEHOLD ACTUALLY PAID (WATER, SEWER, GAS, ELECTRIC, GARBAGE, MEDICAL BILLS AND PRESCRIPTION DRUGS) FOR 12 MONTH PERIOD ENDING DECEMBER 31 OF PRIOR YEAR. \_\_\_\_\_

20. SUM OF NUMBER 18 AND 19 \_\_\_\_\_

21. ENTER GROSS INCOME OF ALL MEMBERS LIVING IN THE HOUSEHOLD \_\_\_\_\_

22. IF LINE 21 IS LESS THAN LINE 20, YOU MAY QUALIFY FOR THE HARDSHIP EXEMPTION. COMPLETE THE INFORMATION BELOW.

IF LINE 21 IS MORE THAN LINE 20, YOU DO NOT QUALIFY FOR EXEMPTION.

I HEREBY ACKNOWLEDGE THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE FOR ALL WAGE EARNERS IN MY HOUSEHOLD.

**GUIDELINE CHART**

PERSONS IN FAMILY OR HOUSEHOLD	AMOUNT
1	\$10,210
2	\$13,690
3	\$17,170
4	\$20,650
5	\$24,130
6	\$27,610
7	\$31,090
8	\$34,570
FOR EACH ADDITIONAL PERSON, ADD	\$3,480

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**NO FEDERAL TAX RETURN FILED**

**NAME** \_\_\_\_\_

**# OF PERSONS LIVING IN HOUSEHOLD** \_\_\_\_\_

**ANNUAL INCOME**

**ANNUAL EXPENSES PAID BY HOUSEHOLD**

- 1 GROSS SALARY \_\_\_\_\_
- 2 DIVIDEND & INTEREST \_\_\_\_\_
- 3 RENTAL INCOME \_\_\_\_\_
- 4 PENSION INCOME \_\_\_\_\_
- 5 SELF EMPLOYMENT INCOME \_\_\_\_\_
- 6 SOCIAL SECURITY BENEFIT \_\_\_\_\_
- 7 VETERAN'S BENEFIT \_\_\_\_\_
- 8 MEDICAID BENEFIT \_\_\_\_\_
- 9 CHILD SUPPORT/ALIMONY \_\_\_\_\_
- 10 UNEMPLOYMENT \_\_\_\_\_
- 11 LOW EARNINGS \_\_\_\_\_
- 12 WORKERS COMPENSATION \_\_\_\_\_
- 13 OTHER \_\_\_\_\_
- 14 **ADJUSTED ANNUAL INCOME** \_\_\_\_\_

- 15 UTILITIES \_\_\_\_\_
  - WATER/SEWER \_\_\_\_\_
  - ELECTRIC \_\_\_\_\_
  - GAS \_\_\_\_\_
  - GARBAGE \_\_\_\_\_
- 16 PRESCRIPTION DRUG \_\_\_\_\_  
(NOT PAID BY INSURANCE OR OTHERS)
- 17 MEDICAL BILLS \_\_\_\_\_  
(NOT PAID BY INSURANCE OR OTHERS)
- 18 **TOTAL ANNUAL EXPENSES** \_\_\_\_\_

(ENTER AMOUNT OF LINE 14 ON LINE 22 BELOW)  
 IF LINE 14 IS LESS THAN GUIDELINE CHART BELOW, PLEASE SIGN AND RETURN. DO NOT COMPLETE EXPENSE INFORMATION.

**\*\*MUST SUBMIT PROOF OF PAYMENT FOR EACH EXPENSE CLAIMED. EXPENSES PAID BY OTHER ENTITIES DO NOT QUALIFY, I.E. CRISS-CROSS, SALVATION ARMY, INSURANCE COVERAGE.**

(ENTER AMOUNT OF LINE 18 ON LINE 20 BELOW)

**SUMMARY WORKSHEET**

19. GO TO GUIDELINE CHART AND FILL IN THE EXEMPT HOUSEHOLD INCOME FOR THE NUMBER OF PERSONS IN HOUSEHOLD \_\_\_\_\_

20. ADD TOTAL ANNUAL EXPENSES FOR ALL MEMBERS OF HOUSEHOLD ACTUALLY PAID (WATER, SEWER, GAS, ELECTRIC, GARBAGE, MEDICAL BILLS AND PRESCRIPTION DRUGS) FOR 12 MONTH PERIOD ENDING DECEMBER 31 OF PRIOR YEAR. \_\_\_\_\_

21. SUM OF NUMBER 19 AND 20 \_\_\_\_\_

22. ENTER GROSS INCOME OF ALL MEMBERS LIVING IN THE HOUSEHOLD \_\_\_\_\_

23. IF LINE 22 IS LESS THAN LINE 21, YOU MAY QUALIFY FOR THE HARDSHIP EXEMPTION. COMPLETE THE INFORMATION BELOW.

IF LINE 22 IS MORE THAN LINE 21, YOU DO NOT QUALIFY FOR EXEMPTION.

**GUIDELINE CHART**

PERSONS IN FAMILY OR HOUSEHOLD	AMOUNT
1	\$10,210
2	\$13,690
3	\$17,170
4	\$20,650
5	\$24,130
6	\$27,610
7	\$31,090
8	\$34,570
FOR EACH ADDITIONAL PERSON, ADD	\$3,480

I HEREBY ACKNOWLEDGE THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE FOR ALL WAGE EARNERS IN MY HOUSEHOLD.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_