



**City of Miramar  
Fire Protection Assessment Fee  
Residential Hardship Exemption Application**

Application Year 2020

**Sworn Statement of Adjusted Gross Income of Household**

This statement must be completed annually and signed by applicants for the Fire Protection Assessment Fee – Hardship Exemption for the 2020 tax year. This statement and return must be filed with the City of Miramar on or before July 31, 2020.

Folio: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Part A:** Names of all persons residing in the housing unit for which exemption is requested. Complete for all members living in your household. (For additional parties please attach a separate sheet.)

Name	Date of Birth	Social Security Number (Last 4 digits)	Does Person File Federal Income Tax Return?	Adjusted Gross Income*

**Total Adjusted Gross Income for all household members**

\$ \_\_\_\_\_

\* All persons in the household must complete Part D of this form.

**Part B:**

[  ] No, I (we) do not file a Federal Income Tax Return Form 1040. I (we) agree to submit Social Security Statement (SSS 1099) before July 31, 2020; and I (we) attach IRS Form 4506, Request for Copy or Transcript of Tax Form, to prove household members are not required to file tax return with IRS, Complete Part D,

Statement of Income, for all members living in your household. (Attach additional sheets if necessary.)

[ ] Yes, I (we) file Federal Income Tax Return Form 1040 series. I (we) agree to submit a copy of Form 1040 or Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, if applicable, and the Wage and Tax Statements (W-2 Form) for review by the City of Miramar. Attach prior year federal income tax return(s) and Wage and Tax Statement(S) (W-2) for all persons listed above. Prior year's IRS 1040 Form or Form 4868 should be submitted by July 31, 2020. Complete Part D of this form if Form 4868 is submitted.

**Part C:**

I hereby authorize the City of Miramar to obtain information from utility companies and other sources necessary to determine my eligibility for the exemption applied for. NOTE: If all information is not received by July 31, 2020, your application will not be processed.

I hereby swear or affirm that the total prior year adjusted gross income of all persons living in the household on January 1 of the year for which this exemption is applied does not exceed the adjusted gross income shown in the table in the attached Instructions.

I hereby make application for the exemption indicated and affirm that I do qualify for same. I am a permanent resident of the City of Miramar and I own and occupy the property described above. Under penalties of perjury, I declare that I have read the foregoing application and Statement of Adjusted Gross Income and the facts in it are true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

SWORN TO AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, 202\_\_  
by \_\_\_\_\_, who is personally known to me or  
has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

Commission No.:

**Part D:** - To be completed for all household members.

**Name of Household Member:** \_\_\_\_\_

Earned Income	\$ _____	Annuities	\$ _____
Investment Income	\$ _____	Social Security Benefits	\$ _____
Capital Gains (or Losses)	\$ _____	Veterans Administration Benefits	\$ _____
Interest Income	\$ _____	Income from Retirement Plans	\$ _____
Rents	\$ _____	Income from Pensions	\$ _____
Royalties	\$ _____	Income from Trust Funds	\$ _____
Dividends	\$ _____	Other (specify)	\$ _____

**Total Income for this household member:** \$ \_\_\_\_\_

**Part D:** - To be completed for all household members.

**Name of Household Member:** \_\_\_\_\_

Earned Income	\$ _____	Annuities	\$ _____
Investment Income	\$ _____	Social Security Benefits	\$ _____
Capital Gains (or Losses)	\$ _____	Veterans Administration Benefits	\$ _____
Interest Income	\$ _____	Income from Retirement Plans	\$ _____
Rents	\$ _____	Income from Pensions	\$ _____
Royalties	\$ _____	Income from Trust Funds	\$ _____
Dividends	\$ _____	Other (specify)	\$ _____

**Total Income for this household member:** \$ \_\_\_\_\_

**Part D:** - To be completed for all household members.

**Name of Household Member:** \_\_\_\_\_

Earned Income	\$ _____	Annuities	\$ _____
Investment Income	\$ _____	Social Security Benefits	\$ _____
Capital Gains (or Losses)	\$ _____	Veterans Administration Benefits	\$ _____
Interest Income	\$ _____	Income from Retirement Plans	\$ _____
Rents	\$ _____	Income from Pensions	\$ _____
Royalties	\$ _____	Income from Trust Funds	\$ _____
Dividends	\$ _____	Other (specify)	\$ _____

**Total Income for this household member:** \$ \_\_\_\_\_

**Part D:** - To be completed for all household members.

**Name of Household Member:** \_\_\_\_\_

Earned Income	\$ _____	Annuities	\$ _____
Investment Income	\$ _____	Social Security Benefits	\$ _____
Capital Gains (or Losses)	\$ _____	Veterans Administration Benefits	\$ _____
Interest Income	\$ _____	Income from Retirement Plans	\$ _____
Rents	\$ _____	Income from Pensions	\$ _____
Royalties	\$ _____	Income from Trust Funds	\$ _____
Dividends	\$ _____	Other (specify)	\$ _____

**Total Income for this household member:** \$ \_\_\_\_\_

## Instructions

You may be eligible for a Hardship Exemption for the City of Miramar Fire Protection Assessment Fee for the 2020 tax year. In order to qualify homeowners must meet strict income and residence eligibility criteria and provide all required documentation. Following are the requirements for eligibility for the exemption:

- ❖ The Hardship Exemption is administered by the City of Miramar and all applications must be submitted in the utility billing drop box to:

City of Miramar  
Multi-Service Complex  
Attn: Fire Fee Hardship Exemption  
6700 Miramar Parkway  
Miramar, FL 33023

- ❖ Applications are available on the City website at [www.ci.miramar.fl.us](http://www.ci.miramar.fl.us).
- ❖ For additional information please call the Community Services Department, Multi-Service Complex, 6700 Miramar Pkwy., 954-889-2722 Monday through Friday. If you need assistance completing these forms please call the above number.
- ❖ Seniors over the age of 65 who receive the additional Senior Homestead Exemption from the Broward County Property Appraisers office are eligible to receive this exemption without filing any further applications. All others must complete the application.
- ❖ Homeowner (s) must reside on the property.
- ❖ Homeowner (s) must not collect rent from any person residing in the household.
- ❖ All required documentation, and completed signed application, must be submitted prior to July 31, 2020.
- ❖ All incomplete applications will be returned.

❖ **Required documentation includes:**

**Please do not submit original documents (copies only) as they will not be returned.**

- Completed and signed application.
- Proof of residence for all members of the household. Picture ID's with current address for all adults, verification of address for all school age children, birth certificates for all children under school age, current utility bill. For all children under school age, the birth certificate must show evidence of relationship to a person residing in the household.
- W-2 forms for all persons listed, pension statements, annuity and other income statements, 1099 statements.
- Social Security benefits statement if applicable.
- Most recent Tax Return 1040 or 1040 EZ. Prior year income will be utilized for eligibility.
- Copy of Deed for the property, or 2019nTRIM notice, or current title or registration if trailer/mobile home.

❖ All applications for the 2020 Hardship Exemption must be received by the City of Miramar by July 31, 2020.

In order to qualify for the City of Miramar Hardship Exemption for Fire Protection Assessment Fee 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 table below. This exemption applies only to the Fire Protection Assessment Fee levied by the City of Miramar granting the exemption.

- (a) "Household" means all persons including the property owner living together in a room or group of rooms as a housing unit, but the term does not include persons boarding in or renting a portion of the dwelling.
- (b) "Household Income" means the adjusted gross income, as defined in s.62 of the United States Internal Revenue Code, of all members of a household. (This is the amount reported on IRS Form 1040, line 37.)
- (c) "Owner" means the individual listed in the records of the Broward County Property Appraiser, on a recorded deed to the property, or in the case of a trailer park, the title holder of the trailer parked on an individual lot within the park.

Income limits for the household are as follows: ***(Income limits may be adjusted annually)***

FY 2020 HHS Poverty Guidelines	
Household Size	Maximum Income
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360

For units of more than 5 add \$4,480 for each additional member.

According to the IRS, a person cannot file Form 1040EZ if he/she has taxable social security benefits, and the person must file either Form 1040 or Form 1040A. If you have social security benefits, according to the IRS, they are not automatically included in adjusted gross income. If your gross income is below the filing thresholds for federal income tax, consult IRS to verify that no portion of Social Security income is included in adjusted gross income to meet the current limit on adjusted gross income as factored for cost of living.

If your combined benefits and other income exceed other applicable thresholds, some portions of your Social Security income may be taxable. Consult IRS for portions of Social Security income that may be taxable based on current formulas.

NOTE: According to the IRS, social security benefits include monthly survivor and disability benefits. They do not include supplemental security (SSI) payments, which are not taxable.