

TOWN OF GENEVA

REQUEST FOR HARDSHIP CONSIDERATION

NAME _____

ADDRESS _____

ARE YOU EMPLOYED : Yes _____ No _____

If answered yes, please furnish:

Employer Name _____

Address _____

Number of People residing in the household _____

Are you disabled: Yes _____ No _____

Do you currently receive STATE or FEDERAL assistance, such as food stamps,
disability, child support, or unemployment benefits?

(DO NOT INCLUDE SOCIAL SECURITY RETIREMENT BENEFITS)

Yes _____ No _____

Is your current income less than \$22,000. per year? Yes _____ No _____
(include Social Security benefits, pension, employment income, and any other income in
this calculation)

Do you carry a homeowner's insurance policy or any other insurance that might cover
this service?

Yes _____ No _____

If you received a fire or rescue service, please explain the circumstances:

Please explain why this service should be considered a hardship case?

Have you received any other bills relevant to this service? If so, please explain:

Signed _____

Date _____

Town of Geneva Board Action: Allowed _____ Not Allowed _____

Dated _____