



HARDSHIP APPLICATION

Record Owner(s):							
Property Address or Tax Parcel Number:							
Age of record owner(s):	< 20	20-30	31-40	41-50	51-60	61-70	70+
Name and relationship of person completing this form if different than record owner:							
Total Household Annual Gross Income (check one):	\$10K	\$10K-\$30K	\$30K-\$50K	\$50K-\$70K	\$70K+		
Number of people in household and ages of each individual (list):							

Contact Information	
Mailing Address of record owner:	
Email Address of record owner* (<i>optional – see below</i>):	
Telephone Number of record owner:	

*I hereby acknowledge that by providing my email address above, I am either:

1. Certifying that no person other than me has access to this email address; OR
2. Authorizing and granting permission to PLA to use this method of contact even though third parties may have access to the communication.

Name Each Person Contributing to Household	Gross Amount per Month	Type of Income (i.e. employment, rental income, SSI, SSD)
	\$	
	\$	
	\$	

Assets	Value
401K:	\$
CD or Savings Account:	\$
Real Estate:	\$

Your Monthly Payment Proposal	Your Monthly Due Date Proposal	Proposed First Payment Date
\$	_____ day of each month	____/____/____ <i>Month / Day / Year</i>

(OPTIONAL) I believe these additional circumstances affect my ability to pay:

Expenses	Amount per Month	Additional comments (seasonal changes, upcoming increases/decreases, etc.)
Mortgage Payment:	\$	
Rent Payment:	\$	
Car Payment(s):	\$	Please list year, make, and model of vehicle(s).
Car Insurance:	\$	
Other Loan Payment(s):	\$	Please list the type of loan.
Credit Card Payment(s):	\$	
Support Payments:	\$	
Heating Bill:	\$	
Electric Bill:	\$	
Water Bill:	\$	
Sewer Bill:	\$	
Trash Bill:	\$	
Home Phone Bill:	\$	
Internet Bill:	\$	
Cable Bill:	\$	
Cell Phone Bill:	\$	
Income Taxes:	&	
Real Estate Taxes:	&	
Medical Bills:	\$	
Prescriptions:	\$	
Medical Insurance:	\$	
Other Insurance:	\$	Please list type of insurance.
Groceries:	\$	
Other Bill(s):	\$	Please list type of bill.

I, _____, certify that I am the record owner of _____, and that I have read the above and agree to these conditions. I understand that I am not obligated to agree to the above or to provide an email address in order to qualify for hardship consideration. I understand that I have a continuing obligation to inform _____ of any improvement to financial circumstances which would permit payment of the delinquent balance herein. I verify that the statements made in this petition are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature: _____ Date: _____

Kindly complete the application in its entirety and return it to **Portnoff Law Associates, Ltd.**

By E-mail: RequestHardship@portnoffonline.com

By Fax: (484) 690-9301

By Mail: Portnoff Law Associates, Ltd.
P.O. Box 351
Norristown, PA 19404