



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* (optional – see below):	
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	Proposed First Payment Date
\$	<u> </u> / <u> </u> / <u> </u> <small>Month / Day / Year</small>

(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 the property set forth herein, 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 Portnoff Law Associates, Ltd. of any improvement to financial circumstances which would permit payment of the delinquent balance herein.

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