

Fire Service Fee Hardship Exemption Request

Exemption Year _____

Date: _____

Name of Property Owner: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone number: _____

Present this form along with Income verification to:

Randolph County Commission

4 Randolph Ave, Suite 102

Elkins WV 26241

Income guidelines: How many live in the household _____

<u># of persons in household</u>	<u>125% Poverty Guidelines</u>	<u>Monthly Income</u>
1	\$14,712.50	\$1,226.04
2	\$19,912.50	\$1,659.38
3	\$25,112.50	\$2,092.71
4	\$30,312.50	\$2,526.04
5	\$35,512.50	\$2,959.38

_____ Household is within guidelines and therefore is exempt

_____ Household is outside of income guidelines and therefore not exempt

President, Randolph County Commission

Date