

YEAR \_\_\_\_\_

PARCEL NO. \_\_\_\_\_

# HARDSHIP EXEMPTION APPLICATION

\*\*\*\*\* Confidential Information \*\*\*\*\*

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## PETITIONER INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number: Daytime: ( ) Evening: ( )

Cell Phone: ( ) Beeper: ( )

Property Address for Which Relief is Being Sought: Marital Status No. of Years

Married \_\_\_\_\_

Divorced \_\_\_\_\_

Widowed \_\_\_\_\_

Separated \_\_\_\_\_

Single \_\_\_\_\_

### PETITIONER EMPLOYMENT STATUS:

### SPOUSE EMPLOYMENT STATUS:

Disabled – No of years \_\_\_\_\_

Disabled – No of years \_\_\_\_\_

Do you qualify for disability benefits?  Yes  No

Do you qualify for disability benefits?  Yes  No

Employed Full-time

Employed Full-time

Employed Part-time

Employed Part-time

Retired – No of Years \_\_\_\_\_

Retired – No of Years \_\_\_\_\_

Unemployed – No of Years \_\_\_\_\_

Unemployed – No of Years \_\_\_\_\_

Laid-off – No of Years \_\_\_\_\_

Laid-off – No of Years \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

Occupation: \_\_\_\_\_  
(If employed)

Occupation: \_\_\_\_\_  
(If employed)

Employer: \_\_\_\_\_

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

Telephone: ( ) \_\_\_\_\_

Describe any disability or health problems: Describe any disability or health problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MORTGAGE INFORMATION**

- A. Purchase Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_
- B. Mortgage/Land Contract Balance: \_\_\_\_\_
- C. Monthly Payment: \_\_\_\_\_ Does this payment include taxes?  Yes  No
- D. Number of Years Remaining on the mortgage/land contract: \_\_\_\_\_
- E. Are your property taxes paid?  Yes  No
- F. Did you apply for a poverty exemption last year?  Yes  No
- G. Do you have an ownership interest in any other real estate in Michigan or anywhere else?  
 Yes  No  
 If yes, please list:  
 Location: \_\_\_\_\_ Tax I.D. No: \_\_\_\_\_  
 Current State Equalized Value: \_\_\_\_\_ Estimated Current Value: \_\_\_\_\_  
 Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
 Attach additional sheet if necessary

- I. Are you and/or your spouse the sole owners of the subject property?  Yes  No  
 If no, list all owners and their percentage of ownership:

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- J. Have any improvements, changes or additions been made to the property in the last two (2) years?  
 Yes  No If yes, please explain:

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- K. Do you anticipate selling the homestead property for which relief is sought in the next year?  
 Yes  No Explain:

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- L. Does anyone contribute to your support?  Yes-Amount \$ \_\_\_\_\_  
 No, Explain:

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- M. Is anyone able to contribute to your support?  Yes  No, Explain:

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RESIDENT STATUS

Please list ALL people currently living in your household other than yourself and spouse:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed as Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heir to Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ASSET INFORMATION**

What are your current assets in addition to the real estate noted previously?

Cash	\$ _____
Savings Accounts/Certificates & Money Markets	\$ _____
Checking Accounts	\$ _____
Stocks/Bonds/Treasury Bills	\$ _____
Insurance	\$ _____
Other	\$ _____
Investments	\$ _____
IRA, Keogh, Annuities, Deferred Compensation	\$ _____
Personal property held as an investment	\$ _____
(i.e. gems, jewelry, coin collection, antiques cars etc)	\$ _____
<b>TOTAL:</b>	\$ _____

Vehicles, Cars, Trucks, Boats, Trailers, etc.

	#1	#2	#3
<b>Make</b>			
<b>Model</b>			
<b>Year</b>			
<b>Value</b>			
<b>Balance Owed</b>			

**LOAN DEBT**

Do you have other loans or land contracts outstanding? (attach additional sheet if necessary)

<b>To Whom</b>	
<b>Address</b>	
<b>Monthly Payment</b>	
<b>Current Balance</b>	

<b>To Whom</b>	
<b>Address</b>	
<b>Monthly Payment</b>	
<b>Current Balance</b>	

**EXPENSE INFORMATION**

Average **M-o-n-t-h-l-y** Expenses:

**MONTHLY AMOUNT**

Rent/House Payment (Principal & Interest)	\$ _____
Life Insurance	\$ _____
Health Insurance	\$ _____
Home Insurance	\$ _____
Auto Insurance	\$ _____
Taxes (Principal Residence)	\$ _____
Taxes on other property	\$ _____
Car Payment	\$ _____
Special Assessment	\$ _____
Utilities:	
Gas/Oil	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water/Sewer	\$ _____
Child Care	\$ _____
Food/Clothing	\$ _____
Other Loans	\$ _____
Medical	\$ _____
Lawn care/snow removal	\$ _____
Cable/Dish	\$ _____
Other (Specify)      Examples: Newspaper, Gasoline Disposal Service, Water Softener, Pet Food, License Plates, Church, Christmas Giving	\$ _____
<b>TOTAL MONTHLY EXPENSES:</b>	<b>\$ _____</b>

**VERIFICATION OF EXPENSES MAY BE REQUIRED**

Do you have any major or unusual expenses?     Yes     No  
 If yes, please explain:

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(Attach additional sheet if necessary)

**INCOME INFORMATION**

Please list all sources of your personal income. Please indicate the amount from each source on an **A-n-n-u-a-l** basis.

**ANNUALLY**

Wages, salaries, tips, sick, strike and subpay, etc.	\$ _____
All interest and dividend income (including non-taxable interest)	\$ _____
Net rent, business or royalty income	\$ _____
Retirement pension and annuity benefits	\$ _____
Name of Payer _____	
Net farm income	\$ _____
Capital gains less capital losses	\$ _____
Alimony and other taxable income	\$ _____
Social Security, SSI or railroad retirement benefits	\$ _____
Child support, WIC	\$ _____
Unemployment compensation and TRA benefits	\$ _____
Workers' compensation, veterans' disability compensation	\$ _____
ADC and GA benefits	\$ _____
All other public assistance payments	\$ _____
Describe _____	
Other Non-taxable income	\$ _____
Describe _____	
<b>TOTAL ANNUAL INCOME:</b>	\$ _____

What was the total income from all sources of everyone living in your household for the past two (2) years?

Last Year \_\_\_\_\_ Prior Year \_\_\_\_\_

Do you anticipate any major changes in income for the coming year:  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE READ CAREFULLY:**

I/We, am/are unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u Michigan Compiled Laws.

I/We have read this application and fully understand the contents thereof. I/We declare that the statements made herein are complete, true, and correct to the best of my/our knowledge. I/We further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.119 Michigan Compiled Laws.

Petitioner's  
Signature: \_\_\_\_\_

Spouse's  
Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Assessing Office Staff

\_\_\_\_\_ County,

My Commission Expires: \_\_\_\_\_