

Township of \_\_\_\_\_

**Hardship Exemption Application for the \_\_\_\_\_ Assessment Roll**  
( Year )

I, \_\_\_\_\_, being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act. The real and personal property of persons who, in the judgment of the supervisor and board of review, by reason of poverty are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation under this act.

Property Code Number: \_\_\_\_\_

Property address: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Marital status: \_\_\_\_\_ Age of applicant \_\_\_\_\_

Age of spouse: \_\_\_\_\_ Number of dependents: \_\_\_\_\_

Age of dependents: \_\_\_\_\_

Have you applied for Homestead Property Tax Credit this year? \_\_\_\_\_

How much was your Property Tax Credit ? \_\_\_\_\_

\*\* Attach copy of 1040CR and Federal of State Income Tax return for each person residing in the homestead, if filed for the current or preceding year.

**REAL ESTATE:**

Is the home paid for ? \_\_\_\_\_

If not what is the unpaid balance \_\_\_\_\_ Monthly payments \_\_\_\_\_

Name of mortgage company \_\_\_\_\_

How long have you lived at this residence ? \_\_\_\_\_

Do you own, share ownership in, or are you buying any other property ? \_\_\_\_\_

If so, list those properties below:

Property Address	Name of Owner	Assessed Value	Last Taxes paid

Income earned from above property \$ \_\_\_\_\_

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**EMPLOYMENT/ INCOME**

Name of employer: \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Employer's address \_\_\_\_\_

Phone Number: \_\_\_\_\_

List all income from:	DO NOT WRITE IN THIS AREA
Salaries -----	Monthly _____
Social Security-----	Monthly _____
Disability-----	Monthly _____
Rents -----	Monthly _____
Pensions-----	Monthly _____
Unemployment-----	Monthly _____
Government pensions-----	Monthly _____
Workers' Compensation-----	Monthly _____
Dividends-----	Monthly _____
Alimony-----	Monthly _____
Child support-----	Monthly _____
Claims/Judgments from lawsuits-----	Monthly _____
Trust-----	Monthly _____
Any other source > _____	Monthly _____

**SAVINGS AND INVESTMENTS:**

List all savings owned or co-owned, by you or your spouse including savings accounts, postal savings, credit union shares, certificates of deposit, cash ,stocks, bonds (private or government) or similar investments.

Type of Account	Name on Account	Amount on deposit	Current Value/Balance

Life Insurance: List all policies held by you and your spouse.

Insured	Amount	Monthly Payment	Paid up Insurance	Relationship

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**MOTOR VEHICLES IN HOUSEHOLD:**

<b>MAKE</b>	<b>YEAR</b>	<b>BALANCE OWED</b>	<b>MONTHLY PAYMENT</b>

**PERSONAL DEBTS:**

<b>Creditor</b>	<b>Purpose</b>	<b>Balance owned</b>	<b>Monthly payment</b>

**MONTHLY EXPENSES:**

DO NOT WRITE IN THIS AREA

Electric-----	Monthly
Gas-----	Monthly
Phone-----	Monthly
Food-----	Monthly
Clothing-----	Monthly
Other-----	Monthly
Other-----	Monthly

**OTHER PERSONS LIVING IN HOUSEHOLD:**

<b>NAME</b>	<b>AGE</b>	<b>RELATIONSHIP</b>	<b>EMPLOYMENT</b>

**OTHER ASSETS:** List all other assets and their values that are owned or controlled by you ( For example, boats, collections, antiques, silver)

<b>Type of Asset</b>	<b>Value</b>	<b>Income producing</b>	<b>Owner</b>

**Reason for Exemption Request**

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

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**NOTICE:** Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under the law, is a felony punishable by fine or imprisonment.

**NOTICE:** A copy of your latest Federal Income Tax return, State Income Tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1,2,3 or 4) **MUST** be attached as proof of income

**NOTE:** Do not sign until witnessed by the Supervisor, Assessor, Board of Review or Notary Public.

The undersigned, being duly sworn, deposes and says that the statements made in the forgoing application are true and the he/she has no money, income or property other than mentioned herein.

\_\_\_\_\_  
Petitioner

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, 2006

\_\_\_\_\_  
Supervisor, Assessor, Chairperson of Board of Review or Notary Public

**THIS APPLICATION SHALL BE FILED AFTER JANUARY 1, BUT BEFORE THE DAY PRIOR TO THE LAST DAY OF THE BOARD OF REVIEW**