

Hardship Exemption Application

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 judgement of the Supervisor and Board of Review, by reason of poverty are unable to contribute toward the public charges, are exempt from taxation under this act)

Property ID Number: 74-21-_____

Property Address: _____ Phone () _____

Marital Status: _____

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 1040 CR AND FEDERAL OR STATE INCOME TAX RETURN, IF FILED FOR THE CURRENT YEAR.

REAL ESTATE: Is home paid for? _____ Unpaid balance _____

Name of Mortgage Co. _____ Monthly Payment _____

How long have you lived at this residence? _____

Do you own, or are you buying any other property? _____

If so, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last Taxes Paid
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Income earned from above property \$ _____

Name of Employer _____

Address _____

Phone No. () _____

List all income, from everyone living in the home, from salaries, Social Security, rents, pensions, disability, government pensions, workers' compensation, dividends, claims and judgements from lawsuits, alimony, child support, unemployment compensation and any other source.

Source of Income	Monthly or Annual Income

SAVINGS AND INVESTMENTS: List all savings owned by you or your spouse, including savings accounts, savings bonds, credit union shares, certificates of deposit, cash, stocks, bonds or similar investment.

NAME OF FINANCIAL INSTITUTION OR INVESTMENTS	Amount on Deposit	Name(s) on Account	Value of Investment

LIFE INSURANCE: List all policies held by you and your spouse

Insured	Amount of Policy	Amount Paid Monthly	Name of Beneficiary

MOTOR VEHICLES IN HOUSEHOLD:

Make	Year	Monthly Payment	Balanced Owed

LIST ALL PERSONS LIVING IN HOUSEHOLD:

Name	Age and Relationship to Claimant	Place of Employment	Contribution to Family Income

OTHER ASSETS: List all other assets and their values that are owned or controlled by you (For example, boats coin collection, antiques, silver, motor homes, ATVs, Boats)

Type of Asset	Value	Owner

PERSONAL DEBTS:

Creditor	Original Balance	Monthly Payment	Balance Owed

MONTHLY EXPENSES:

Electric _____

Phone _____

Groceries _____

Heat _____

Clothing _____

Car Expense _____

Medical Expenses _____

Other _____

If you have extenuating circumstances other than what is listed on this form that you would like considered by the Board of Review please list it below.
