

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 judgment 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 Number _____

Property Address _____ Phone Number _____

Martial 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 this year? _____

ATTACH A COPY OF YOUR 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 Company _____ 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

Income earned from above properties. \$ _____

Name of Employer _____ Phone Number _____

Address _____

INCOME: List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, worker’s compensation, dividends, claims and judgments from lawsuits, alimony, child support and any other source:

Source of Income	Monthly or Annual Income and Amount.

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

Name of Financial Institution of Investments	Amount on Deposit	Name on Account	Value of Investment

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

Insured	Amount of Policy	Amt. Paid Monthly	Paid up Policy	Name of Beneficiary	Relationship to Insured

MOTOR VEHICLES IN HOUSEHOLD:

Make	Year	Monthly Payment	Balance Owed

LIST ALL PERSONS LIVING IN HOUSE HOLD:

Last Name	First Name	Age	Relationship	Employment	Contribution to Family Income

PERSONAL DEBTS:

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

MONTHLY EXPENSES:

Utilities _____ Food _____ Phone _____ Clothing _____

Heat _____ Car Expense _____ Other (specify) _____

OTHER ASSETS: List all other assets and their values that are owned by or controlled by you. (Such as boats, coin collections, antiques, silver...)

Description	Value	Owner

TOWNSHIP OF _____

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-1040 CR 1, 2, 3 or 4) must be attached as proof of your income.

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

STATE OF MICHIGAN – SAINT JOSEPH COUNTY

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

Petitioner

Subscribed and sworn this _____ day of _____, _____.
(Day) (Month) (Year)

Date

Supervisor, Assessor, Board of Review Member or Notary Public.

This application must be returned no later than the second Monday in March to the Board of Review.

FOR BOARD OF REVIEW USE.

Disposition of Board of Review

Date _____

Denied: _____ Approved: _____ Taxable Value reduced to: _____

Supervisor _____ Chairperson _____ Member _____ Member _____

Decisions may be appealed to the Michigan Tax Tribunal.