

HARTLAND TOWNSHIP

APPLICATION FOR ONE YEAR HARDSHIP REDUCTION-2015

PARCEL NUMBER: _____ PROPERTY ADDRESS: _____
ADJACENT PARCELS, IF ANY _____

WITH THIS APPLICATION YOU WILL NEED TO SUBMIT LAST YEARS AND CURRENT YEAR COPIES OF THE FOLLOWING APPLICABLE DOCUMENTS FOR YOURSELF, THE CO-OWNER, AND EVERY MEMBER OF THE HOUSEHOLD:
FEDERAL AND STATE INCOME TAX RETURNS FOR ALL PERSONS RESIDING IN THE HOMESTEAD, INCLUDING ANY PROPERTY TAX CREDIT RETURNS THE BOARD MUST HAVE THIS INFORMATION TO REVIEW YOUR REQUEST FOR A HARDSHIP CONSIDERATION If you are not required to file tax returns an affidavit must be signed (available at the township) and filed with this application attesting that you are not required to file.

OWNERS NAME: _____ ARE YOU 65 OR OLDER? _____

ADDRESS: _____ DAYTIME PHONE # _____

SOCIAL SECURITY #: _____ ARE YOU DISABLED? _____

NATURE OF DISABILITY: _____

NUMBER OF DEPENDENTS: _____ AGES: _____

MARITAL STATUS: MARRIED _____ DIVORCED _____ WIDOWED _____ SEPARATED _____ SINGLE _____

YOU'RE EMPLOYMENT STATUS

<input type="checkbox"/>	EMPLOYED FULL TIME
<input type="checkbox"/>	EMPLOYED PART TIME – IF YES, HOW MANY HOURS PER WEEK? _____
<input type="checkbox"/>	RETIRED: NO. OF YEARS _____
<input type="checkbox"/>	UNEMPLOYED: NO. OF YEARS _____
<input type="checkbox"/>	LAI D OFF: NO. OF YEARS _____
<input type="checkbox"/>	DISABLED: NO. OF YEARS _____
<input type="checkbox"/>	DO YOU QUALIFY FOR DISABILITY BENEFITS? YES _____ NO _____
<input type="checkbox"/>	OTHER: _____

OCCUPATION (IF EMPLOYED) _____

EMPLOYER: _____ CONTACT NAME _____

ADDRESS: _____ TELEPHONE # (____) _____

EMPLOYMENT STATUS SPOUSE

<input type="checkbox"/>	EMPLOYED FULL TIME
<input type="checkbox"/>	EMPLOYED PART TIME – IF YES, HOW MANY HOURS PER WEEK? _____
<input type="checkbox"/>	RETIRED: NO. OF YEARS _____
<input type="checkbox"/>	UNEMPLOYED: NO. OF YEARS _____
<input type="checkbox"/>	LAI D OFF: NO. OF YEARS _____
<input type="checkbox"/>	DISABLED: NO. OF YEARS _____
<input type="checkbox"/>	DO YOU QUALIFY FOR DISABILITY BENEFITS? YES _____ NO _____
<input type="checkbox"/>	OTHER: _____

OCCUPATION (IF EMPLOYED) _____

EMPLOYER: _____ CONTACT NAME _____

ADDRESS: _____ TELEPHONE # (____) _____

LIST ALL OCCUPANTS OF THIS HOME AND THEIR RELATIONSHIP TO YOU

	# 1	# 2	# 3
NAME			
AGE			
RELATIONSHIP			
EMPLOYER			
OCCUPATION			
ANNUAL INCOME			
CLAIMED AS DEPENDENT?	YES _____ NO _____	YES _____ NO _____	YES _____ NO _____
HEIR TO ESTATE?	YES _____ NO _____	YES _____ NO _____	YES _____ NO _____

PROPERTY INFORMATION

YEAR PROPERTY WAS PURCHASED: _____ DO YOU OWN PROPERTY FREE AND CLEAR? _____

IF NOT, MONTHLY PAYMENT: _____ ARE TAXES INCLUDED IN PAYMENT? _____

ARE PROPERTY TAXES CURRENT? _____ IF NOT, AMOUNT PAST DUE: _____

NUMBER OF YRS REMAINING ON MORTGAGE OR LAND CONTRACT _____ UNPAID BALANCE \$ _____

DO YOU ANTICIPATE SELLING THE HOMESTEAD PROPERTY FOR WHICH THE RELIEF IS SOUGHT IN THE NEXT YEAR? _____ YES _____ NO IF YES, PLEASE EXPLAIN _____

WHAT WAS THE TOTAL INCOME FROM ALL SOURCES OF EVERYONE LIVING IN YOUR HOUSE FOR THE PAST TWO (2) YEARS? LAST YEAR: _____ PRIOR YEAR: _____

DO YOU ANTICIPATE ANY MAJOR CHANGES IN INCOME FOR THE COMING YEAR? _____ IF YES, PLEASE EXPLAIN _____

DOES ANYONE CONSTITUTE TO YOUR SUPPORT? _____ YES _____ NO AMOUNT \$ _____

DO YOU OWN OTHER REAL ESTATE? _____ IF SO, PLEASE COMPLETE THE FOLLOWING INFORMATION:

<u>LOCATION</u>	<u>VALUE</u>	<u>TYPE</u>
_____	_____	_____
_____	_____	_____

OWNERSHIP INTEREST IN ANY OTHER REAL ESTATE IN MICHIGAN OR ELSEWHERE. _____ YES _____ NO
 INCLUDE ANY PROPERTY OWNED IN FULL OR PART BY YOU, THE CO-OWNER OR ANY MEMBER OF YOUR HOUSEHOLD. (THIS DOES NOT MEAN THE PROPERTY THAT YOU LIVE IN, YOUR HOMESTEAD)

ADDRESS OF PROPERTY	PURCHASE DATE & PRICE	MARKET VALUE	SEV	INCOME RECEIVED

INVESTMENTS AND ASSETS:

CHECKING ACCT \$ _____ SAVINGS ACCT \$ _____ TIME CERTIFICATES \$ _____
 BANK OR INSTITUTION NAME: _____

PLEASE LIST ALL SOURCES OF YOUR PERSONAL INCOME. INDICATE THE AMOUNT FROM EACH SOURCE ON AN ANNUAL BASIS

DESCRIPTION OF INVESTMENT (List what type: IRA, 401K, Ins Policy Value, Annuity, Mutual funds, Other properties in Michigan or another state, etc)	PRESENT VALUE	INCOME EARNED LAST YEAR
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

LIST VEHICLES & EQUIPMENT (CARS, TRUCKS, SUV, TRAILERS, BUSINESS EQUIPMENT, RECREATION – JET SKI'S, MOTOR CYCLES, 4-WHEELER, ETC.)

YEAR MODEL MAKE VALUE

- 1.
- 2.
- 3.
- 4.

TOTAL ESTIMATED HOUSEHOLD INCOME DECLARATION

<u>SOURCE</u>	<u>MONTHLY AMOUNT</u>	<u>ANNUAL AMOUNT</u>
<u>WAGES, SALARIES, TIPS</u>	_____	_____
<u>SOCIAL SECURITY / SSI</u>	_____	_____
<u>PENSION OR RETIREMENT</u>	_____	_____
<u>INTEREST AND/OR DIVIDENDS</u>	_____	_____
<u>RENTAL INCOME</u>	_____	_____
<u>BUSINESS OR ROYALTY INCOME</u>	_____	_____
<u>PARTNERSHIP INCOME</u>	_____	_____
<u>DISABILITY PAYMENTS</u>	_____	_____
<u>GENERAL ASSISTANCE / ADC</u>	_____	_____
<u>ALIMONY</u>	_____	_____
<u>CHILD SUPPORT</u>	_____	_____

TOTAL ESTIMATED HOUSEHOLD INCOME DECLARATION cont.

<u>UNEMPLOYMENT BENEFITS</u>	_____	_____
<u>OTHER INCOME FROM FAMILY</u>	_____	_____
<u>INCOME FROM LAND CONTRACTS, ETC</u>	_____	_____
<u>INCOME FROM TAX REFUNDS</u>	_____	_____
<u>ALL OTHER INCOME</u> <u>(INCLUDING NON-TAXABLE)</u>	_____	_____
TOTAL PROJECTED INCOME FOR 2015		_____

EXPENSE INFORMATION

AVERAGE MONTHLY EXPENSES:

HOUSE PAYMENT (PRINCIPAL/INTEREST)	_____	
LIFE INSURANCE	_____	
HEALTH INSURANCE	_____	
HOME OWNERS INSURANCE	_____	
AUTO INSURANCE	_____	
PROPERTY TAXES (HOMESTEAD)	_____	
PROPERTY TAXES (OTHER REAL ESTATE)	_____	
CAR PAYMENT # 1	_____	YEAR, MAKE / MODEL _____
CAR PAYMENT # 2	_____	YEAR, MAKE / MODEL _____
SPECIAL ASSESSMENTS	_____	
UTILITIES:		
ELECTRIC	_____	
GAS/HEAT/OIL	_____	
TELEPHONE	_____	
WATER / SEWER	_____	
CABLE	_____	
CHILDCARE	_____	
FOOD & CLOTHING	_____	
CREDIT CARD # 1 PMT / BALANCE	_____	
CREDIT CARD # 2 PMT / BALANCE	_____	
CREDIT CARD # 3 PMT / BALANCE	_____	
OTHER LOANS/INSTALLMENT PMTS	_____	
MEDICAL BILL (AFTER INSURANCE)	_____	
LAWN CARE	_____	
OTHER (SPECIFY)	_____	

VERIFICATION OF EXPENSES MAY BE REQUIRED

DO YOU HAVE ANY UNUSUAL EXPENSES? YES _____ NO _____ PLEASE DESCRIBE _____

IS THERE ANY OTHER INFORMATION THAT YOU THINK THE BOARD OF REVIEW SHOULD CONSIDER?

PLEASE READ CAREFULLY

I (we) am/are unable to pay the full property taxes levied against the above described property and hereby make application for property tax relief due to Hardship/Poverty in accordance with Section 211.7u of the Michigan Compiled Law.

I (we) have read this application and fully understand the contents thereof.

I (we) _____, by filing of this application depose and state under the penalties of perjury, that the information contained in this petition that my (our) financial condition as above stated is true and correct to the best of my (our) knowledge and belief.

I (we) further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by a reduction in taxable value, as a result of this application may be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.7u of the Michigan Compiled Laws.

APPLICANT SIGNATURE: _____ CO-APPLICANT SIGNATURE: _____

DATE: _____ NOTARY SIGNATURE: _____ DATE: _____

BOARD OF REVIEW USE ONLY

COMMENTS:

BOR RECOMMENDATION / DECISION:

REVISED ASSESSED VALUE: _____ ***REVISED TAXABLE VALUE*** _____

APPROVE _____ ***DENY*** _____

Board Signatures:

If you disagree with the decision of the Board of Review, you may appeal the decision within 35 days by filing a petition with the Michigan Tax Tribunal at P. O. Box 30232, Lansing, MI 48909. Michigan Tax Tribunal forms are available at www.michigan.gov/taxtrib.