

# **HARTLAND TOWNSHIP**

## **APPLICATION FOR ONE YEAR HARDSHIP REDUCTION-2017**

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
<b>NAME</b>			
<b>AGE</b>			
<b>RELATIONSHIP</b>			
<b>EMPLOYER</b>			
<b>OCCUPATION</b>			
<b>ANNUAL INCOME</b>			
<b>CLAIMED AS DEPENDENT?</b>	YES _____ NO _____	YES _____ NO _____	YES _____ NO _____
<b>HEIR TO ESTATE?</b>	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)

<b>ADDRESS OF PROPERTY</b>	<b>PURCHASE DATE &amp; PRICE</b>	<b>MARKET VALUE</b>	<b>SEV</b>	<b>INCOME RECEIVED</b>

**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

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

**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**

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

**TOTAL ESTIMATED HOUSEHOLD INCOME DECLARATION cont.**

UNEMPLOYMENT BENEFITS	_____	_____
OTHER INCOME FROM FAMILY	_____	_____
INCOME FROM LAND CONTRACTS, ETC	_____	_____
INCOME FROM TAX REFUNDS	_____	_____
ALL OTHER INCOME (INCLUDING NON-TAXABLE)	_____	_____
<b>TOTAL PROJECTED INCOME FOR 2017</b>		_____

**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.

Print Names(s)

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](http://www.michigan.gov/taxtrib).