

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 is eligible for exemption in whole or in part from taxation under this act.

Property Code Number: _____
Property Description: _____

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 1040 CR and federal or state income tax return for each person residing in the homestead, if filed for the current or preceding 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 property \$ _____
Name of employer _____
Address _____
Phone number () _____

List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensation, dividends, claims and judgments from lawsuits, alimony, child support 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, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investment.

Board of Review Guide

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

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

Insured	Amount of Policy	Amount 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 HOUSEHOLD:

Last Name	First Name	Age	Relationship to Claimant	Place of 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 or controlled by you. (For example, boats, coin collection, antiques, silver)

Type of Asset	Value	Income Derived from Assets	Owner

Reason for Exemption Request

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.

STATE OF MICHIGAN
COUNTY OF _____

The undersigned, being 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 _____, 20_____.

Signature: _____
Assessor, Supervisor, Board of Review Member or Notary Public

This application shall be filed after January 1, but before the day prior to the last day of board of review.

Address: _____

FOR BOARD OF REVIEW USE

Disposition by Board of Review _____ Date _____

Denied: _____ Approved: _____ Assessment reduced to: _____

Supervisor _____ Chairperson _____
Second Member _____ Third Member _____

Decisions may be appealed to the Michigan Tax Tribunal