



HARDSHIP EXEMPTION APPLICATION

I, _____,
Being the **owner and resident** of the property listed below; apply for tax relief under MCL 211.7n of the General Property Tax Act. (The real and personal property of person(s) 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 TAX CODE: 80-52-_____

PROPERTY ADDRESS: _____

APPLICATION REQUIRED DOCUMENTS CHECKLIST:

- _____ **FEDERAL INCOME TAX RETURN (PREVIOUS YEAR)**
- _____ **STATE INCOME TAX RETURN (PREVIOUS YEAR)**
- _____ **PROPERTY TAX CREDIT RETURN (PREVIOUS YEAR)**
- _____ **PROOF OF INCOME (MOST RECENT ONE MONTH PERIOD)**
- _____ **PROOF OF IDENTITY (DRIVERS LICENSE, PICTURED ID)**
- _____ **PROOF OF OWNERSHIP (TAX RECORDS, DEED, ECT)**

Marital Status: _____ **Phone ()** _____
Age of Applicant: _____ **Age of Spouse:** _____
Name of Spouse _____
Number of Dependents: _____ **Age(s) of Dependents:** _____

Have you applied for a Homestead Property Tax Credit this Year _____ Amount? _____

PROPERTY INFORMATION:

Is the house paid for? _____ Unpaid Balance _____ Monthly Payments _____
 Name of Mortgage Company _____ Account # _____
 Address & Phone Number of Mortgage Company _____
 _____ () _____

DO YOU OWN OR ARE YOU BUYING ANY OTHER PROPERTY? LIST BELOW

| Property Address | Assessed Value | Taxable Value | Amount Last Taxes Paid |
|------------------|----------------|---------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

DO YOU EARN ANY INCOME FROM THE ABOVE LISTED PROPERTIES? _____ IF YES, AMOUNT _____ YEARLY

NAME OF EMPLOYER _____
ADDRESS AND PHONE _____

LIST ALL INCOME FROM SALARIES, SOCIAL SECURITY, RENTS, PENSIONS, UNEMPLOYMENT COMPENSATION, DISABILITY, GOVERNMENT PENSION, STATE PROGRAMS/ASSISTANCE, WORKER'S COMPENSATION, DIVIDENDS, CLAIMS AND JUDGEMENTS FROM LAWSUITS, ALIMONY, CHILD SUPPORT AND ANY OTHER SOURCES

| SOURCE OF INCOME | MONTHLY AMOUNT | YEARLY AMOUNT |
|------------------|----------------|---------------|
| | | |
| | | |
| | | |
| | | |

SAVINGS & INVESTMENT: List all savings owned by you or your spouse, including savings account, postal savings, credit union shares, certificates of deposit, cash, stock, bonds or similar investments:

| NAME OF FINANCIAL INSTITUTION | AMOUNT | NAME ON ACCOUNT | VALUE OF INVESTMENT |
|-------------------------------|--------|-----------------|---------------------|
| | | | |
| | | | |
| | | | |

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

Insured - Amt of Policy - Amt Paid Monthly- Paid up Policies?- Name of Beneficiary -Relationship to Insured?

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| | | | | | |

MOTOR VEHICLES IN HOUSEHOLD:

| YEAR | MAKE | MONTHLY PAYMENTS | BALANCE OWED |
|------|------|------------------|--------------|
| | | | |
| | | | |
| | | | |

LIST ALL PERSONS LIVING IN HOUSEHOLD:

| LAST NAME | FIRST NAME | AGE | RELATIONSHIP | PLACE OF EMPLOYMENT |
|-----------|------------|-----|--------------|---------------------|
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| | | | | |
| | | | | |

PERSONAL DEBTS:

CREDITOR PURPOSE OF DEBT DATE OF DEBT ORIGINAL BAL. MONTHLY PAYMENT BAL. OWED

MONTHLY EXPENSES:

Electric _____ Food _____ Phone _____ Medical / Prescriptions _____

Heat _____ Water / Sewer _____ Clothing _____ Car Expenses _____

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, jewelry, ect)

REASON FOR REQUESTING EXEMPTION

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 1,2,3 or 4) MUST be attached as proof of income.

NOTE: Do not sign until witnessed by the supervisor, assessor or Board of Review.

STATE OF MICHIGAN

COUNTY OF VAN BUREN

The undersigned, being duly sworn, deposes and says that the statements make 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 _____, _____

Supervisor, Assessor, BOR Member or Notary

FOR BOARD OF REVIEW USE

Disposition by the Board _____ **Date** _____

DENIED _____ REASON _____

APPROVED: _____ REDUCTION: _____ AMOUNT: _____

SUPERVISOR _____ CHAIRMAN BOR _____ MEMBER BOR _____ MEMBER BOR _____

Decisions may be appealed to the:

**MICHIGAN TAX TRIBUNAL
P.O. BOX 30232
LANSING, MI 48909**

Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for a Hardship (Poverty) Exemption from our current property taxes, on property we own in the _____ City _____ of _____ Hartford _____, County of _____ Van Buren _____, State of _____ Michigan _____. As part of the application process, the CITY, may verify information contained in my/our application and in other documents required in connection with the exemption, either before the exemption is granted or as part of its quality control program.
2. I/We authorize you to provide to the CITY all information and documentation that they request. Such information includes, but is not limited to, employment history and income, bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. To the CITY officials, I/we address this authorization to any party names in the exemption application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to the CITY is appreciated.

Applicant's Signature

Social Security Number

Applicant's Signature

Social Security Number