

HARDSHIP EXEMPTION APPLICATION

Property code # _____

I, _____, being the owner and resident of the property listed above, 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.

Phone number: _____ Marital status: _____
 Age of applicant: _____ Age of spouse: _____
 Number of dependents: _____ Ages of dependents: _____

Have you applied for the Homestead Property Tax Credit (MI1040 CR) _____

****Attach a copy of the 1040CR and federal or state income tax return for each person residing in the homestead for current and/or preceding year.****

Real Estate: Is the home paid for? _____ Unpaid balance: _____
 Mortgage company: _____ Monthly payment: _____

List below any other property you own or you are buying:

Address	Owner	Assessed Value	Last Tax Paid
			/ / \$.
			/ / \$.

Income:

Income earned from above property: _____

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 for **all** persons in household:

Source of Income:

Name	Age	Relation to Applicant	Source	Annual Income

Motor Vehicles in Household:

Make/Model	Year	Monthly Payments	Balance Owed

List All Persons Living in Household:

Last Name	First Name	Age	Relationship to Claimant	Place of Employment	Contribution to Family Income

Savings & Investments: List all savings owned by any person in the household, including cash, stocks, savings accounts, postal savings, credit union shares, certificates of deposit, bonds or similar investments:

Name of Financial Institution	Amount On Deposit	Interest Rate	Name on Account	Value of Investment

Life Insurance: List all policies held by you and your spouse:

Insured	Amount of Policy	Paid Up Policy	Name of Beneficiary	Relationship to Insured

All Other Assets: List all other assets and their values that are owned or controlled by a member of the household. (For example, boats, coin collections, antiques, silver, art, etc.)

Type of Asset	Value	Income From Asset	Owner

Personal Debts:

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

Monthly Expenses: (list dollar amount of each)

Mortgage: _____ Electric: _____ Food: _____
 Phone: _____ Clothing: _____ Heat _____ Auto: _____
 Other (specify) _____

Notice: Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under 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 you Homestead Property Tax Credit claim (MI 1040 CR) must be attached.

Notice: Do not sign until witnessed by the supervisor, assessor, board of review or notary public.

**STATE OF MICHIGAN
COUNTY OF MONROE**

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/Applicant

Subscribed and sworn this _____ day of _____, 20____

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

THIS APPLICATION SHALL BE FILED AFTER JANUARY 1, BUT BEFORE THE DAY PRIOR TO THE LAST DAY OF THE BOARD OF REVIEW IN THE YEAR FOR WHICH THE EXEMPTION IS BEING REQUESTED.



Disposition by Board of Review Date: _____

Denied: _____ Approved: _____ Assessment reduced to: \$ _____

Supervisor _____ Chairperson _____

Member _____ Member _____

Decisions may be appealed to the Michigan Tax Tribunal