

# 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? \_\_\_\_\_

**\*\*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 yes, 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 investments.

Name of Financial Institution or Investments	Amount of Deposit	Current Interest Rates	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 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:**

Type of Asset	Value	Income Derived from Asset	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 member 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: \_\_\_\_\_

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## FOR BOARD OF REVIEW USE:

Disposition of Board of Review

Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Approve: \_\_\_\_\_ Assessment Reduced to: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Second Member: \_\_\_\_\_

Third Member: \_\_\_\_\_

*Decision may be appealed to the Michigan Tax Tribunal*