

B.O.R. Mar Jul Dec  
Letter / Appt  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Petition #: \_\_\_\_\_

Parcel No. \_\_\_\_\_  
Name: \_\_\_\_\_

**MINDEN TOWNSHIP  
SANILAC COUNTY  
HARDSHIP EXEMPTION APPLICATION**

**A. DEADLINE**

**YOU MUST COMPLETE THIS APPLICATION IN FULL AND RETURN IT, ALONG WITH A COPY OF LAST YEARS STATE AND FEDERAL INCOME TAX RETURNS, WITH THE MICHIGAN PROPERTY HOMESTEAD TAX CREDIT FORM (MI-CR) FOR EACH PERSON RESIDING IN OR CONTRIBUTING TO THE HOMESTEAD, TO THE ASSESSING OFFICE BY: \_\_\_\_\_**

**B. STATEMENT**

I, \_\_\_\_\_ being the **owner and resident** of the property listed below, desire to apply for Tax Relief under Section 74 of the Michigan General Property Tax Act: (The *principal residence* of persons who, in the judgement 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. MCL Section 211.7u)

**C. PROPERTY ADDRESS**

Property address \_\_\_\_\_ Parcel # \_\_\_\_\_  
How long have you lived at the above address? \_\_\_\_\_  
Legal description \_\_\_\_\_

**D. APPLICANT INFORMATION**

**Applicant:** \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Phone Number: Home (\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_

**CO-OWNER:** \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Home (\_\_\_\_) \_\_\_\_\_  
Work (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_

Other Contact Information: \_\_\_\_\_  
(Name) (Phone)

**Current Marital Status**

**For How Long?**

( ) Married ( ) Divorced ( ) Widowed ( ) Separated ( ) Single \_\_\_\_\_

**Applicant Status**

Employed: ( ) Full-time ( ) Part-time Employer: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Occupation: \_\_\_\_\_

( ) Retired: Date Retired \_\_\_\_\_ Employer: \_\_\_\_\_

( ) Laid-off: Date last worked \_\_\_\_\_ Employer: \_\_\_\_\_

Possible return date \_\_\_\_\_

( ) Not working – How long \_\_\_\_\_ Reason: \_\_\_\_\_

Describe any disability or health problems: \_\_\_\_\_

**Spouse or Co-Owner Status**

Employed: ( ) Full-time ( ) Part-time Employer: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Occupation: \_\_\_\_\_

( ) Retired: Date Retired \_\_\_\_\_ Employer: \_\_\_\_\_

( ) Laid-off: Date last worked \_\_\_\_\_ Employer: \_\_\_\_\_

Possible return date \_\_\_\_\_

( ) Not working – How long \_\_\_\_\_ Reason: \_\_\_\_\_

Describe any disability or health problems: \_\_\_\_\_

**Resident Information**

List **ALL people, not listed above,** living in your household. (Attach additional sheet if necessary)

	1	2	3	4	5
Full Name					
Age					
Relationship					
Dependent	Yes No	Yes No	Yes No	Yes No	Yes No
Occupation					
Annual Income					
Do they contribute to household income?	Yes No	Yes No	Yes No	Yes No	Yes No
Amount of Contribution					

Does **any other person** not listed above make a financial contribution to the household? If yes how much?

Person's name: \_\_\_\_\_ Monthly contribution: \_\_\_\_\_

**E. PROPERTY INFORMATION**

Are you and/or your spouse the sole owners of the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, list all owners and their percentage of ownership. \_\_\_\_\_

\_\_\_\_\_

When did you and/or your spouse purchase this homestead? \_\_\_\_\_

Is the home paid in full? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, number of years and \$ amount remaining on this Mortgage/Land Contract \_\_\_\_\_

What is the monthly payment? \_\_\_\_\_ Includes taxes? \_\_\_\_\_ Taxes are separate \_\_\_\_\_

Do you owe any delinquent mortgage payments? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you owe any delinquent taxes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the year(s) and amount(s) \_\_\_\_\_

Have any improvements, changes or additions been made to the property in the last two (2) years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Are there any changes or additions that need to be made to the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

**F. OTHER REAL ESTATE HOLDINGS**

Do you, your spouse, or any other person residing in the homestead have a financial interest in other real estate? If yes, please provide the following information concerning that financial interest.

Location-City & State	Tax I.D. Number of Property	Value of Property	Amount of Equity
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

**G. ASSET INFORMATION (MUST BE COMPLETED)**

What are your current assets in addition to the real estate noted previously?

Cash \$ \_\_\_\_\_

Checking Accounts \$ \_\_\_\_\_

Saving Accounts \$ \_\_\_\_\_

CDs, Money Markets \$ \_\_\_\_\_

Stocks/Bonds/Treasury Bills \$ \_\_\_\_\_

Insurance Policy (surrender-cash value) \$ \_\_\_\_\_

Retirement Accounts \$ \_\_\_\_\_

Personal Property (i.e. Jewelry, Coin Collection, Etc.) \$ \_\_\_\_\_

List **ALL** motor vehicles in household (whether paid in full or not) including cars, trucks, and recreational vehicles i.e.: boats, motorcycles, motor homes, travel trailers, jet skis, snow mobiles, ATV's, etc. Use additional pages if necessary.

	VEHICLES: YEAR/MAKE/MODEL	MILEAGE	DATE ACQUIRED	BOUGHT OR LEASED	PURCHASE PRICE	BALANCE OWED
<b>1</b>					\$	\$
<b>2</b>					\$	\$
<b>3</b>					\$	\$
	RECREATIONAL VEHICLES: YEAR/MAKE/MODEL					
<b>1</b>					\$	\$
<b>2</b>					\$	\$

**H. INCOME INFORMATION**

Please list all sources of your personal income on a **MONTHLY** basis.

SOURCE	APPLICANT	SPOUSE
Employment		
Social Security/SSI		
Pension- <b>From:</b>		
Unemployment/Workers Compensation		
General Assistance- <b>Type:</b>		
Child Support/Alimony		
Family Support- <b>From:</b>		
Interest (taxable & non-taxable); Dividends		
Rental Income		
Other Income (please explain) _____ _____		
Other Monetary Assistance- <b>Source:</b>		

Has your income significantly changed in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Has anyone in the household sold or given away interest in any property in the last 12 months? If so, please provide complete address, date sold and sale price \_\_\_\_\_  
\_\_\_\_\_

Do you receive Food Stamps or other Public Assistance? No \_\_\_\_\_ Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_ per month.  
Benefits received for: \_\_\_\_\_

**I. EXPENSE INFORMATION**

Please list all sources of household expenses on a **MONTHLY** basis.

House Payment (principal & interest)	
Child Care/Day Care	
Taxes on other property	
Special Assessments	
Home Insurance	
Car Payment 1 <sup>st</sup> car	
Car Payment 2 <sup>nd</sup> car	
Auto Insurance	
Health Insurance (include prescription coverage)	
Medical Bills (not covered by insurance)	
Prescriptions (not covered by insurance)	
Cell Phone	
Cable/Satellite	
Internet	
Utilities: gas, electric, water	
Other, (please explain) _____ _____	

Have your expenses significantly changed in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you anticipate any major changes in income for the coming year? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Do you receive assistance or are household expenses paid for by another party? Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*If **Yes**, please provide a letter from the party including exactly what is paid, when and how much.

**J. DEBT INFORMATION**

Please list any outstanding loans, credit cards, and personal debts.

(attach additional sheet if necessary)

	TO WHOM	FOR WHAT	MONTHLY PMT	BALANCE
1				
2				
3				
4				
5				

**K. APPLICANT CERTIFICATION**

**Please initial EACH applicable statement:**

\_\_\_\_\_ **I/We understand that the statements contained in this application are true to the best of my/our knowledge.**

\_\_\_\_\_ **I/We also understand that this application will be *denied or revoked* if the information contained is found to be false or incomplete.**

\_\_\_\_\_ **I/We understand this application for exemption is for the tax year of \_\_\_\_\_.**

\_\_\_\_\_ **I/We have received a copy of and understand the hardship guidelines.**

\_\_\_\_\_ **I/We certify that I/We did not file a State or Federal Income Tax Return (1040 or MI 1040) or Michigan Homestead Property Tax Credit (MI-CR) for the year \_\_\_\_\_.**

\_\_\_\_\_ **I/We hereby authorize the Minden Township Assessor to verify and or obtain information from any creditor, financial institution, government agency, insurance company or any other organization necessary for the purpose of this application of hardship for the tax year of \_\_\_\_\_.**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name of Preparer if other than application: \_\_\_\_\_  
(Please print)

NOTE: DO NOT SIGN until signature can be notarized.

STATE OF MICHIGAN)

) ss

\_\_\_\_\_ COUNTY )

The undersigned deposes and says that the statements made in the foregoing application are true and that he or she has no money, income or property other than that mentioned herein.

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Spouse/Co-Owner's Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, Michigan