



APPLICATION FOR ONE YEAR HARDSHIP REDUCTION

COMPLETE THE ENTIRE APPLICATION AND RETURN IT ALONG WITH THE **LAST TWO YEARS** COPY OF THE FOLLOWING:

- (1) FEDERAL TAX RETURN
- (2) STATE OF MICHIGAN INCOME TAX RETURN
- (3) MICHIGAN HOMESTEAD CREDIT CLAIM (1040-CR)
- (4) ALL INCOME STATEMENTS ASSOCIATED WITH ABOVE RETURNS (1099, W-2)

YOUR APPLICATION WILL NOT BE CONSIDERED WITHOUT ALL OF THIS INFORMATION.

I, _____, being the owner and resident of the property listed below, desire to apply for tax relief under Section 7u of the Michigan General Property Tax Act.

Parcel Number: _____

Address of Property: _____

Phone Number: _____

Are you 65 years of age or older? Yes No

Are you disabled? Yes No

Number of Dependents: _____

List all occupants of the home and their relationship

Name

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

Did you apply for a Homestead Property Tax Credit? Yes No How much was it? _____

Is your home paid in full? Yes No if not, what is the unpaid balance? _____

Monthly payments: \$ _____

Are the taxes included in your payment? Yes No

Are your taxes current? Yes No

How long have you lived at this address? _____

Do you own or are you buying any other property? If so, list below:

Property Address	Title Holder of Property	Assessed Value	Amount & Date of Last Taxes Paid

Do you receive income from any of these properties? Yes No

If so, what is the monthly income from properties: _____

Employment Status:

Are you or any other members of the household employed? If so, list employers below:

Employee	Employer	Employers Address

Total estimated household income declaration:

Source	Monthly Amount	Annual Amount
Wages/Salaries/Tips	_____	_____
Social Security/SSI	_____	_____
Pension or Retirement	_____	_____

Health Insurance: _____
 Home Insurance: _____
 Auto Insurance: _____
 Taxes (Homestead): _____
 Taxes on other Real Estate: _____
 Car Payment #1: _____ Year/Make/Model _____
 Car Payment #2: _____ Year/Make/Model _____
 Utilities: Electric _____
 Gas/Oil/Heat _____
 Telephone _____
 Child Care: _____
 Food & Clothing: _____
 Credit Card #1: _____ Balance _____
 Credit Card #2: _____ Balance _____
 Credit Card #3: _____ Balance _____
 Other Loans: _____
 Medical Bills: _____
 Other (specify) _____

Do you have any unusual expenses? No Yes, Please describe:

Is there any other information you feel the Board of Review should consider?

DO NOT SIGN UNTIL WITNESSED BY THE ASSESSOR OR BOARD OF REVIEW

STATE OF MICHIGAN
COUNTY OF ALLEGAN

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 that mentioned herein.

Petitioner's Signature

Petitioner's Signature

Subscribed and sworn to me on this _____ day of _____, 20_____.

Assessing Officer or Member, Board of
Review or Notary Public

This application must be returned to the Board of Review by the second Monday in March

FOR BOARD OF REVIEW USE ONLY

Disposition by Board of Review

Date: _____

Denied

Reduced to \$ _____

Board of Review

Supervisor/Assessor
