

MASON COUNTY TREASURER'S OFFICE
APPLICATION FOR ONE-YEAR HARDSHIP EXEMPTION
CONFIDENTIAL INFORMATION

PROPERTY NO: 53- _____

APPLICANT'S NAME _____ AGE _____

NAME OF SPOUSE or CO-OWNER (if applicable) _____ AGE _____

APPLICANT'S MAILING ADDRESS _____

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT _____

TELEPHONE NUMBER (required) _____

DO YOU CLAIM THIS PROPERTY AS YOUR HOMESTEAD (Principal Residence)? () YES () NO

ARE YOU A MILITARY VETERAN? () YES () NO ■ IS YOUR SPOUSE A MILITARY VETERAN? () YES () NO

EMPLOYMENT STATUS AND NAME OF EMPLOYER:

<u>EMPLOYED</u>		<u>EMPLOYER</u>		<u>ARE YOU DISABLED?</u>	
SELF	() YES () NO	() FULL TIME () PART TIME		SELF	() YES () NO
SPOUSE	() YES () NO	() FULL TIME () PART TIME		SPOUSE	() YES () NO

NATURE OF DISABILITY _____
Please provide documentation of disability.

Do you have any MAJOR OR UNUSUAL OUT-OF-POCKET expenses? If yes, please list them below and provide verification.

TYPE OF EXPENSE	AMOUNT PER YEAR

LIST ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed As Dependent	() Yes () No	() Yes () No	() Yes () No	() Yes () No

Attach an additional sheet if needed (SEE PAGE 4).

PROPERTY INFORMATION

Purchase Date: _____ Purchase Price: _____
(if purchased in last 3 years)

Amount of monthly payment: _____

Have any improvements, changes, or additions been made to the property in the last two (2) years? () Yes () No

Do you own this property free and clear? () Yes () No

Are the property taxes included in payment? () Yes () No

ASSET INFORMATION

Do you have an ownership interest in any other real estate *(including ownership via partnerships, corporation, etc.)* in Michigan or anywhere else? () Yes () No

If yes, please list *(attach an additional sheet if needed)*.

<u>Location</u>	<u>Value</u>	<u>Type of Use</u>	<u>Purchase Date</u>	<u>Purchase Price</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are your assets in addition to real estate? *(Do not include sheltered retirement plans such as IRA, 401(K), 403(B), Keogh, 457, annuities, or company pension programs)*

Cash..... \$ _____

Savings Accounts/Certificates & Money Markets \$ _____

Checking Accounts..... \$ _____

Stocks/Bonds/Treasury Bills..... \$ _____

Life Insurance – Cash Value \$ _____

Other \$ _____

Investments..... \$ _____

Personal Property held as an investment
(i.e., gems, jewelry, coin collections, antique cars, etc.)..... \$ _____

Vehicles: Cars, Trucks, Boats, Trailers, etc.

Make	#1	#2	#3
Model			
Year			
Value			
Balanced Owed			

Attach an additional sheet if needed (SEE PAGE 4).

INCOME INFORMATION

ESTIMATED HOUSEHOLD INCOME FOR THIS YEAR

SOURCE	AMOUNT PER YEAR
Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.	\$
Social Security/SSI Benefits Income	\$
Retirement Pension or Annuity Benefits <i>(Includes Military Retirement Pay)</i>	\$
Interest and/or Dividends Earned <i>(includes non-taxable interest)</i>	\$
Rent/Business or Royalty Income	\$
Disability Payments <i>(Worker Comp, Veterans Disability, Pension Benefits)</i>	\$
ADC, SFA, SDA, RAP/REP <i>(Attach a copy of DSS Annual Statement)</i>	\$
Alimony	\$
Child Support	\$
Unemployment Benefits	\$
Other Nontaxable Income <i>(Military Family Allotments, College Scholarships, Grants, Fellowships, Etc.)</i>	\$
Less Amount YOU PAY for Medical Insurance	\$ ()
YOUR TOTAL INCOME	
ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD <i>(not claimed as dependents)</i> AS SHOWN ON FIRST PAGE OF APPLICATION	\$
TOTAL PROJECTED HOUSEHOLD INCOME FOR THIS YEAR	\$

Are you facing any special circumstances which make it hard to pay your delinquent property taxes? Please describe *(use an additional sheet if you need to)*.

I DECLARE UNDER THE PENALTIES OF PERJURY THAT ALL OF THE INFORMATION SUBMITTED IN THIS APPLICATION FOR HARDSHIP EXEMPTION IS TRUE AND CORRECT.

Applicant Signature Date: _____

Spouse or Co-Owner's Signature Date: _____

ADDITIONAL SHEET FOR ONE-YEAR HARDSHIP EXEMPTION

PROPERTY NO: 53-_____

APPLICANT'S NAME _____

NAME OF SPOUSE or CO-OWNER (if applicable) _____

ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE:

Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed As Dependent	() Yes () No	() Yes () No	() Yes () No	() Yes () No

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Age				
Relationship				
Occupation				
Annual Income				
Claimed As Dependent	() Yes () No	() Yes () No	() Yes () No	() Yes () No

Vehicles: Cars, Trucks, Boats, Trailers, etc.

Make			
Model			
Year			
Value			
Balanced Owed			

Make			
Model			
Year			
Value			
Balanced Owed			