

B.O.R. Mar Jul Dec

Parcel No. _____

Letter / Appt

Name: _____

Date: _____

Time: _____

Petition #: _____

CHINA TOWNSHIP ST. CLAIR COUNTY HARDSHIP EXEMPTION APPLICATION TAX YEAR 2016

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. IF NOT REQUIRED TO FILE A FEDERAL OR STATE INCOME TAX RETURN, A FILING EXEMPTION AFFADAVIT MUST ACCOMPANY THIS APPLICATION. THIS FORM MUST BE RETURNED 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 MCL 211.7u of the Michigan General Property Tax Act: (The *principal residence* 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.)

C. PROPERTY ADDRESS

Property address _____ Parcel # _____

How Long Have You Lived at the Above Address?: _____

Legal description _____

D. APPLICANT INFORMATION

APPLICANT: _____ **CO-OWNER:** _____

Date of Birth _____ Date of Birth _____

Phone Numbers: Home (____) _____ Home (____) _____

Work (____) _____ Work (____) _____

Cell (____) _____ Cell (____) _____

Other Contact Information: _____
(Name) (Phone)

Current Marital Status

() Married () Divorced () Widowed () Separated () Single

For How Long?

Applicant Status

Employed: () Full-time () Part-time

Date of Hire: _____

() Retired: Date Retired _____

() Laid-off: Date last worked _____

() Disabled: Date last worked _____

Possible return date _____

() Not working - How long _____

Employer: _____

Occupation: _____

Employer: _____

Employer: _____

Employer: _____

Cause: _____

Reason: _____

Describe any disability or health problems:

Spouse or Co-Owner Status

Employed: () Full-time () Part-time

Date of Hire: _____

() Retired: Date Retired _____

() Laid-off: Date last worked _____

() Disabled: Date last worked _____

Possible return date _____

() Not working - How long _____

Employer: _____

Occupation: _____

Employer: _____

Employer: _____

Employer: _____

Cause: _____

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					
Occupation					
Annual Income					
Do they contribute to household income?					
Amount of Contribution					

E. ADDITIONAL ASSISTANCE

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

Person's Name: _____ Monthly Contribution _____
 Type of Contribution Monetary _____ Other (explain) _____

F. PROPERTY

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? No _____ Yes _____ 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?

No _____ Yes _____ If yes, please explain _____

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

If yes, please explain _____

G. 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
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

H. 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.) \$ _____
 Other – (please explain) _____ \$ _____

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
Recreational Vehicles: Year/Make/Model					

I. INCOME INFORMATION

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

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

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

Have you or your spouse sold any interest in real estate in the last 2 years? Yes _____ No _____
If yes, 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: _____

J. EXPENSE INFORMATION

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

House Payment (principle & interest)	\$
Child Care/Day Care	\$
Taxes on Other Property	\$
Special Assessments	\$
Home Insurance	\$
Car Payment 1 st Car	\$
Car Payment 2 nd 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 _____

Are any household expenses paid for by another party? Yes _____ No _____
*****If Yes, please provide a statement including exactly what is paid, when, how much and by whom.**

K. DEBT INFORMATION

Please list any outstanding loans, credit cards, and personal debts.
 (attach additional sheet if necessary)

	To Whom	For What	Monthly Payment	Balance
1			\$	\$
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$

Do you expect to sell the homestead for which the tax relief is being sought in the next year? _____

L. 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 2016.

_____ 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 tax year 2015 and have attached an Income Tax Exemption Affidavit.

_____ I/We hereby authorize China Township Assessing Department 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 2016.

Applicant Signature _____ Date: _____

Spouse Signature _____ Date: _____

Name of Preparer if other than applicant: _____
(Please Print)

