

APPLICATION

PARCEL I.D. _____

APPLICATION FOR ONE-YEAR HARDSHIP EXTENSION *CONFIDENTIAL INFORMATION*
ALPENA COUNTY TREASURER'S OFFICE

APPLICANT'S NAME

NAME OF SPOUSE or CO-OWNER (if applicable)

APPLICANT'S MAILING ADDRESS

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT

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

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

EMPLOYMENT STATUS & NAME OF EMPLOYER:

EMPLOYED

EMPLOYER

SELF	() YES () NO	() FULL TIME () PART TIME	
SPOUSE CO-ONWER	() YES () NO	() FULL TIME () PART TIME	

Do you have any MAJOR OR UNUSUAL OUT-OF-POCKET (like medical) 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/CO-OWNER:

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

Attach additional sheet, if needed.

PROPERTY INFORMATION

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

If not, amount of monthly mortgage payment: _____ Have any improvements, changes or additions been made to the property in the last 2 years? () Yes () No

Do you own this property Free & Clear? () Yes () No If yes, please explain: _____

Are the taxes & insurance included in payment? () Yes () No _____

Name, Address & Phone No.# of Lender: _____

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 additional sheet if needed).

Location	Value	Type of Use	Purchase Date	Purchase Price

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 \$ _____
Insurance – Cash Value \$ _____
Other \$ _____
Investments \$ _____
Personal Property held as an Investment
(i.e., gems, jewelry, coin collections, antiques, etc.) \$ _____

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

Make	#1	#2	#3	#4
Model				
Year				
Value				
Balanced Owed				

INCOME INFORMATION

***ESTIMATED HOUSEHOLD INCOME FOR THIS YEAR
SELF & SPOUSE / CO-OWNER***

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

Please use a separate piece of paper to (1) describe any special Circumstances which make it hard to pay your delinquent taxes and (2) Explain how you plan to catch up (for example, monthly payments A certain amount, sale of the property, sale of other assets, etc.).

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED IN MY APPLICATION FOR HARDSHIP EXEMPTION IS TRUE.

YOUR SIGNATURE: _____

SPOUSE OR CO-OWNER'S SIGNATURE: _____

DATE: _____

**INSTRUCTIONS FOR
APPLICATION
ONE-YEAR HARDSHIP EXTENSION
ALPENA COUNTY TREASURER**

The Application for One-Year Hardship Extension has been designed to be in keeping with the requirements of the State of Michigan with regard to poverty exemptions. To be considered for a Hardship Extension, the following information must be provided:

1. **COMPLETE ALL SECTIONS OF THIS APPLICATION IN FULL; BE SURE TO SIGN THE APPLICATION. COMPLETED APPLICATIONS MUST BE SUBMITTED BY MARCH 1ST TO BE CONSIDERED.**

2. **Submit a Completed and Signed copy of the following:**
 - Most recent Michigan Income Tax Return, including Homestead Property Tax Credit Claim (MI1040CR)**

 - Most recent Federal Income Tax Return (1040), if you are required to file federal income tax.**

 - Most recent Federal Income Tax Return (1040) for all other occupants of your home.**

3. **If an occupant of your home is not employed but has income from another source, you must show the income in “Annual Income” on page 1 of your application. It must also be on page 3 under the “Estimated Household Income” section and included in the Total Projected Household Income for this year.**

4. **If you completed the section on page 1 of the application indicating you have major or unusual Out-of-Pocket expenses (like medical), you must provide copies of documents verifying these expenses. This does not include everyday living expenses.**

5. **The application must be legible. If you need or want to provide additional information, please attach a separate sheet of paper. If you need help preparing your application, please call us.**

6. **Do Not submit Originals of supporting documentation as we must keep these for our records and cannot return them.**

- 7. If the application is incomplete or you do not include copies of the required financial documents, you may be considered ineligible for a One-Year Hardship Extension.**