

TAX YEAR: 2017

PARCEL I.D. \_\_\_\_\_

APPEAL NO \_\_\_\_\_

**APPLICATION FOR ONE-YEAR HARDSHIP REDUCTION  
(CONFIDENTIAL INFORMATION)  
CITY OF SALINE ASSESSOR'S OFFICE**

APPLICANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF SPOUSE (if applicable) \_\_\_\_\_ AGE \_\_\_\_\_

PROPERTY ADDRESS FOR WHICH RELIEF IS SOUGHT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

TELEPHONE NUMBER (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

**EMPLOYED**

**EMPLOYER**

**ARE YOU DISABLED?**

SELF	( ) YES ( ) NO	( ) FULL TIME ( ) PART TIME	
SPOUSE	( ) YES ( ) NO	( ) FULL TIME ( ) PART TIME	

SELF	( ) YES ( ) NO
SPOUSE	( ) YES ( ) NO

**NATURE OF DISABILITY** \_\_\_\_\_

**(PLEASE PROVIDE DOCUMENTATION OF DISABILITY.)**

Do you (on-going or expected) or have you (during the past year) had any **MAJOR AND UNUSUAL OUT-OF-POCKET** expenses? If yes, please list them below and provide verification.

TYPE OF EXPENSE	AMOUNT PER YEAR

**LIST HOUSEHOLD MEMBERS OTHER THAN YOU OR YOUR SPOUSE.**

	1	2	3	4	5
NAME					
AGE					
RELATIONSHIP					
OCCUPATION/SCHOOL					
CLAIMED AS DEPENDENT	( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO	( ) YES ( ) NO

**PROPERTY INFORMATION**

Purchase Date: \_\_\_\_\_ Do you own this property free and clear? ( ) YES ( ) NO  
If not, mortgage/equity payment = \$ \_\_\_\_\_ Total amt. of outstanding mortgage/equity loans = \$ \_\_\_\_\_  
Are the taxes included in payment? ( ) YES ( ) NO  
Are property taxes current? ( ) YES ( ) NO If not, amount past due: \$ \_\_\_\_\_  
Have any improvements, changes, or additions been made to the property in the last two (2) years? ( ) YES ( ) NO  
If yes, please explain: \_\_\_\_\_

Have you taken a Reverse Mortgage on this property? ( ) YES ( ) NO  
If yes, please detail: \_\_\_\_\_

**GENERAL INFORMATION**

Have you requested (or are currently receiving) other government assistance? ( ) YES ( ) NO  
If yes, please detail the monetary assistance received: \_\_\_\_\_

If you have college aged children, are you contributing to their college costs? ( ) YES ( ) NO  
If yes, please detail the monetary assistance and provide verification: \_\_\_\_\_

Are you or your spouse unemployed? ( ) YES ( ) NO  
If yes, please indicate when first placed on unemployment: \_\_\_\_\_  
How long is the unemployment assistance expected to remain? \_\_\_\_\_

**ASSET INFORMATION**

Do you have an ownership interest in any other real estate (including ownership via partnerships, LLC, corporation *etc.*?) in Michigan or in another state? ( ) YES ( ) NO  
If yes, please detail below (attach additional sheet if needed)

<u>LOCATION</u>	<u>VALUE</u>	<u>TYPE OF USE</u>	<u>PURCHASE DATE</u>	<u>PURCHASE PRICE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all household assets aside from real estate and vehicles:

- Cash/Checking Account \$ \_\_\_\_\_
- Savings Accounts/CDs or Money Markets \$ \_\_\_\_\_
- Stocks/Bonds/Treasury bills, *etc.* \$ \_\_\_\_\_
- IRA/Deferred Compensation/Cash Value of Insurance \$ \_\_\_\_\_
- Other Assets Listed in the City’s Guidelines \$ \_\_\_\_\_

Have you withdrawn or transferred money from any of the above accounts during the previous or current year to cover expenses? ( ) YES ( ) NO If yes, please detail: \_\_\_\_\_

Household Vehicles: Cars, Trucks, Motorcycles, Boats, Trailers, *etc.*

	1	2	3	4	5
<b>MAKE</b>					
<b>MODEL</b>					
<b>YEAR</b>					
<b>ESTIMATED VALUE</b>					
<b>BALANCE OWED</b>					
<b>PRIMARY USER(S)</b>					

**HOUSEHOLD INCOME OF ALL HOUSEHOLD MEMBERS FOR 2017 TAX YEAR**

<b>SOURCE</b>	<b>AMOUNT</b>
Wages, Salaries, Tips, Sick, Strike, and Sub-Pay, <i>etc.</i>	
Net Receipts of Self-Employment	
Social Security and Other Public Assistance	
Unemployment Benefits	
Retirement Pension or Annuity Benefits ( Includes Military Retirement Pay)	
Interest and/or Dividends (Includes Non-Taxable Interest)	
Disability Payments ( Worker Comp., Veterans Disability, Pension Benefits)	
Alimony and/or Child Support	
Military Family Allotments or Other Support from an Absent Family Member	
Rent/Business or Royalty Income	
Periodic Receipts from Estates or Trusts	
Net Royalties and Net Gambling or Lottery Winnings	
Other Receipts Likely to be Considered as Income	
<b>YOUR TOTAL INCOME</b>	
<b>ADD 2016 INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents) AS SHOWN ON FIRST PAGE OF APPLICATION</b>	
<b>TOTAL (UNADJUSTED) PROJECTED HOUSEHOLD INCOME FOR 2017:</b>	

**HOUSEHOLD EXPENSES**

NOTE: VERIFICATION OF EXPENSES MAY BE REQUIRED.

	MONTHLY	YEARLY
House Payment (Principal and interest):		
Life Insurance:		
Health Insurance:		
Home Insurance:		
Auto Insurance:		
Car Payment(s):		
Home Heating/Cooling/Electricity:		
Telephone/land line/cellular:		
Cable/Internet:		
Child Care:		
Lawn care / snow removal:		

**LOANS, CREDIT CARDS, AND OTHER DEBTS:**

(other than real estate and vehicles)

To whom		To whom	
Address		Address	
Current balance		Current balance	
Monthly Payment		Monthly Payment	

(if more space is needed attach additional page)

**MEDICAL/DENTAL AND/OR OTHER UNUSUAL EXPENSES:**

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IF EXPENSES (WITHOUT PROPERTY TAXES) EXCEED INCOME, PLEASE EXPLAIN HOW OTHER BILLS ARE BEING PAID AND WHAT ACTIONS ARE BEING TAKEN TO IMPROVE YOUR FINANCIAL STATUS:

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I/We declare under the penalties of perjury, that all of the information submitted in this application for hardship exemption is true.

I/We have fully declared the actual/estimated household income available to the household from all sources.

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.

Applicant Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_

**IF A HARDSHIP EXEMPTION IS GRANTED, IT WILL BE IN EFFECT FOR THE CURRENT YEAR ONLY.**

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**FOR OFFICE USE ONLY**

Current Year Assessed Value \$ \_\_\_\_\_ Taxable Value \$ \_\_\_\_\_

Federal Poverty Standards: Yes / No

Saline Hardship Standards: Yes / No

Income \_\_\_\_\_ x .035 = Non Refundable Taxes

Senior/Disabled: Non-Refundable + 1200 = \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_  
Rate Minimum A.V.

All Other: Non-Refundable + 2000 = \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_

Income: \_\_\_\_\_ Estimated Net Tax \_\_\_\_\_ % of Income

Prior Year Hardship Reduction: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BOR Recommendation Decisions

\_\_\_\_\_