

Year: _____
B.O.R.: Mar / Jul / Dec
(Office Use Only)

Parcel Number: RL_____ - _____ - _____
20__ SEV: _____
20__ TV: _____
(Office Use Only)

TOWNSHIP OF ROLLIN LENAWEE COUNTY HARDSHIP EXEMPTION APPLICATION

A. DEADLINE

YOU MUST COMPLETE THIS APPLICATION IN FULL AND RETURN IT TO THE ASSESSING OFFICE 5 DAYS PRIOR TO THE NEXT SCHEDULED BOARD OF REVIEW. IF YOUR APPLICATION IS NOT COMPLETE OR DOES NOT INCLUDE THE NECESSARY COPIES OF THE INCOME AND TAX FORMS OUTLINED IN THE HARDSHIP EXEMPTION GUIDELINES, YOUR APPLICATION WILL BE **INCOMPLETE** AND WILL **NOT** BE CONSIDERED BY THE BOARD OF REVIEW.

IF YOU WOULD LIKE TO MEET WITH THE BOARD OF REVIEW REGARDING YOUR APPLICATION, PLEASE CALL THE OFFICE AT (517) 547-7786 ext. 24 TO SCHEDULE AN APPOINTMENT.

PLEASE BE AWARE THAT THE BOARD OF REVIEW MAY REQUEST YOUR APPEARANCE. IN THIS EVENT, OUR OFFICE WILL NOTIFY YOU AND SCHEDULE AN APPOINTMENT.

B. STATEMENT

I, _____ being the **owner and resident** of the property listed below, desire to apply for Tax Relief under Section 74 of the Michigan General Property Tax Act: (The *principal residence* of persons who, in the judgement 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. MCL Section 211.7u)

C. PROPERTY ADDRESS

Property address _____ Parcel # _____

Legal description _____

D. APPLICANT INFORMATION

Date of Birth _____ Age _____

Phone Number (_____) _____ (_____) _____ (_____) _____
Daytime Evening Cell

Other Contact Information _____ (_____) _____
(Name) (Phone)

Current Marital Status

of Years

- () Married _____
- () Divorced _____
- () Widowed _____
- () Separated _____
- () Single _____

Applicant Status

Spouse Status

- () Employed Full-time
- () Employed Part-time
- () Retired – How long _____
- () Laid-off – How long _____
Possible return date _____
- () Disabled
- () Not working – How long _____
- Occupation _____
- Current or most recent employer _____

- () Employed Full-time
- () Employed Part-time
- () Retired – How long _____
- () Laid-off – How long _____
Possible return date _____
- () Disabled
- () Not working – How long _____
- Occupation _____
- Current or most recent employer _____

Describe any disability or health problems

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Resident Information

Please list ***all people other than yourself or spouse*** currently living in your household.
(Attach additional sheet if necessary)

	1	2	3	4	5
Full Name					
Age					
Relationship					
Occupation					
Annual Income					
Do they contribute to household income?	Yes No	Yes No	Yes No	Yes No	Yes No
Amount of Contribution					

E. 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 _____

Is the home paid in full? Yes _____ No _____

If no, number of years remaining on this Mortgage/Land Contract _____

Do you owe any delinquent mortgage payments? Yes _____ No _____

If yes, please list the 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? Yes _____ No _____ If yes, please explain _____

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

If yes, please explain _____

Do you have any ownership in any other real estate? Yes _____ No _____ If yes, please describe the property, location, estimated value and annual property taxes _____

F. ASSET INFORMATION

What are your current assets in addition to the real estate noted previously?

Cash \$ _____

Checking Accounts/Saving Accounts,
CDs, Money Market Accounts \$ _____

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.

	MAKE/MODEL/YEAR	BOUGHT OR LEASED	PURCHASE/LEASE PRICE	AMOUNT OWING
1				
2				
3				
4				
5				

G. INCOME INFORMATION

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

SOURCE	APPLICANT	SPOUSE
Employment	Per Month	Per Month
Social Security/SSI	Per Month	Per Month
Pension	Per Month	Per Month
Unemployment/Workers Compensation	Per Month	Per Month
General Assistance (FIA, ADC, Food Stamps)	Per Month	Per Month
Child Support/Alimony	Per Month	Per Month
Family Support	Per Month	Per Month
Interest (taxable & non-taxable); Dividends	Per Month	Per Month
Rental Income	Per Month	Per Month
Other Income (please explain)	Per Month	Per Month

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

Has anyone in the household sold or given away interest in any property in the last 12 months? If so, please explain _____

H. EXPENSE INFORMATION

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

House Payment (principal & interest)	Per month
Association/Condo Fees	Per month
Property Taxes	Per month
Special Assessments	Per month
Home Insurance	Per month
Car Payment 1 st car	Per month
Auto Insurance	Per month
Health Insurance (include prescription coverage)	Per month
Medical Bills (not covered by insurance)	Per month
Prescriptions (not covered by insurance)	Per month
Child Care/Day Care	Per month
Cable	Per month
Utilities	Per month
Other (please explain)	Per month

Mortgage/Land Contract Balance \$ _____ Monthly Payment \$ _____

Does this payment include taxes? Yes _____ No _____

Does this payment include insurance? Yes _____ No _____

Have your expenses significantly changed in the last year? Yes _____ No _____

If yes, please explain _____

I. DEBT INFORMATION

Please list any outstanding loans, credit cards, and personal debts.

(attach additional sheet if necessary)

	TO WHOM	FOR WHAT	MONTHLY PMT	BALANCE
1				
2				
3				
4				
5				

J. APPLICANT CERTIFICATION

I/We am/are unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I/We have read this application fully and understand the contents thereof. I/We declare that the statements made herein are complete, true and correct to the best of my/our knowledge. I/We further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.119 of the Michigan Compiled Laws.

I/We have received and understand a copy of the hardship guidelines.

Applicant Signature _____

Spouse Signature _____

Name of Preparer if other than Applicant _____

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

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

Notary Public

_____ County, Michigan

My commission expires: _____