

B.O.R. Mar Jul Dec

Letter / Appt

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Petition #: \_\_\_\_\_

Parcel No. \_\_\_\_\_

Name: \_\_\_\_\_

**CITY OF NEW BALTIMORE**  
**MACOMB COUNTY**  
**HARDSHIP EXEMPTION APPLICATION**

**A. DEADLINE**

**YOU MUST COMPLETE THIS APPLICATION IN FULL AND RETURN IT TO THE ASSESSING OFFICE BY: \_\_\_\_\_**

WHEN THIS FORM IS COMPLETED AND TURNED IN, *IT WILL BE YOUR RESPONSIBILITY TO SCHEDULE AN APPOINTMENT TO MEET WITH THE BOARD OF REVIEW.* IF YOU ARE UNABLE TO APPEAR IN PERSON, YOU MAY HAVE A REPRESENTATIVE APPEAR IN YOUR BEHALF.

**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 judgment of the supervisor/mayor 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 \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Evening Cell

Other Contact Information: \_\_\_\_\_  
(Name) (Phone)

Current Marital Status                      # of Years

( ) Married    \_\_\_\_\_

( ) Divorced    \_\_\_\_\_

( ) Widowed    \_\_\_\_\_

( ) Separated     \_\_\_\_\_

( ) Single    \_\_\_\_\_

**Applicant 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 \_\_\_\_\_

Describe any disability or health problems:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_

Describe any disability or health problems:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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				
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, and estimated value \_\_\_\_\_

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

**F. ASSET INFORMATION**

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.

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

**G. INCOME INFORMATION**

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

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

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 household expenses on a **MONTHLY** basis.

House Payment (principal & interest)	
Association/Condo Fees	
Taxes on other property	
Special Assessments	
Home Insurance	
Car Payment 1 <sup>st</sup> car	
Car Payment 2 <sup>nd</sup> car	
Auto Insurance	
Health Insurance (include prescription coverage)	
Medical Bills (not covered by insurance)	
Prescriptions (not covered by insurance)	
Child Care/Day Care	
Cable	
Other, (please explain) _____ _____	

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 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 \_\_\_\_\_

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

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

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

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

Name of Preparer if other than applicant: \_\_\_\_\_

**TO BE CONSIDERED FOR POVERTY EXEMPTION, COPIES OF THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION.**

\_\_\_\_\_

**Federal income tax returns.**

\_\_\_\_\_

**Federal income tax return supporting documents.**

\_\_\_\_\_

**State income tax returns.**

\_\_\_\_\_

**Michigan property tax credit form (MI 1040CR)**

\_\_\_\_\_

**Federal & State income tax returns for all other individuals residing in your homestead.**

\_\_\_\_\_

**Proof of property ownership**

\_\_\_\_\_

**Other**

**\*\*To qualify for the 2015 Poverty Exemption you MUST meet 2014 Income Standards as listed below.**

### 2014 Poverty Income Standards

The Federal Poverty Guidelines for 2015 Assessments were issued by the State Tax Commission on October 13, 2014, Bulletin 14 of 2014.—These guidelines were in effect on December 31, 2014, tax day.

The following are the Poverty Thresholds, for use in setting poverty exemption guidelines for 2015 Assessments.

No. of Persons Residing in Homestead	Poverty Threshold
1 person	\$11,670
2 persons	\$15,730
3 persons	\$19,790
4 persons	\$23,850
5 persons	\$27,910
6 persons	\$31,970
7 persons	\$36,030
8 persons	\$40,090
For each additional person	add \$ 4,060

In the above table, the term “householder” is used when there are 2 persons residing in the homestead. If a house is owned jointly by a husband or wife, either the husband or wife may be listed as the householder.