



Instructions On How To Apply For A Financial Hardship Extension With The Calhoun County Treasurer's Office. *Property Tax Year 2007*

Financial Hardship Extensions are designed to postpone foreclosure deadlines by one year for homeowners who are actively working to catch up their delinquent property taxes. To be considered for a hardship extension, the property must be your principle residence, or you must be a legal guardian, conservator, or have power of attorney over the owner/resident and you must demonstrate a financial hardship.

If you would like to receive a Hardship Extension Application please call (269) 781-0807.

OR visit the Calhoun County Treasurer's office at 315 W. Green St. Marshall MI 49068. The Hardship Extension application is also available online under the Treasurer Department's page at www.calhouncountymi.gov

Deadline: We are currently accepting hardship applications **through January 22nd 2010**. After your application and required documents are submitted you will be required to schedule a Hardship Extension/Show Cause Hearing appointment. Hardship Extension/Show Cause Hearing appointments will begin in December 2009 and end in January 2010.

You will need to submit COPIES of the following information to our office:

1. **Copy of Driver's License or State ID** (Provide documentation of the existence of the guardianship, conservatorship, or power of attorney if relationship is applicable, including picture ID of the person whom the applicant is the guardian, conservator or power of attorney over.)
2. Provide a **copy of your most current Michigan Income Tax Return** for yourself and occupants of your home. Please include copies of the following if applicable: **Homestead Property Tax Credit and the Home Heating Credit**. If you don't file a tax return please supply any verification of income (for example: W2's, Social Security Benefit Statement, Friend of Court Statement, etc).
3. Provide a **copy of your most current Federal Income Tax Return** for yourself and occupants of your home. Please include a copy of your **Federal Earned Income Tax Credit**. If you don't file a tax return please supply any verification of income (for example: W2's, Social Security Benefit Statement, Friend of Court Statement, etc) .
4. Provide a **copy of a valid mortgage, deed or land contract** for the property.
5. Proof of **Probate Documentation** if applicable

Calhoun County Treasurer (main office): 315 W. Green St. Marshall MI 49068 Phone: (269)-781-0807
Battle Creek Office (open M, W, F Only): located in Justice Center at 161 E. Michigan Ave. Battle Creek (269) 969-6910.
 Calhoun County Treasurer Dept. FAX NUMBER: 269-781-8303

NOTE: All Applicants **MUST** be approved by the Calhoun County Treasurer's office in order for the tax foreclosure sale to be postponed for one year. Postponement of foreclosure will not effect the Calhoun County Treasurer's right to sell the property at a later foreclosure sale if the delinquent property taxes for the years in question remain unpaid. Please note, that individuals who are granted an hardship extension will be required to schedule & complete a financial fitness course and energy education class.



Revised: 11-09

Tax Year: 2007 Property Taxes

Property ID Number (parcel number): _____

Financial Hardship Extension Application

Name of Owner & Co-Owner: _____

Phone Number: _____

	Address	City	State	Zip Code
Mailing Address			MI	
Property Address			MI	

Property & Background Information:

- Do you own this property free and clear? Yes **OR** No
If no, please state the mortgage company's name or land contract information here

- Are the property taxes included in a monthly mortgage payment (escrow)? Yes **OR** No
- Purchase date of the property: _____
- Do you claim this property as your principle residence/homestead? Yes **OR** No
- How long have you lived at this property? _____

The following questions pertain to the 2008 tax year (filed in 2009):

- Did you or a co-owner submit a **MI Homestead Property Tax Credit form**? Yes **OR** No
- Did you or a co-owner submit a **Federal Earned Income Tax Credit form**? Yes **OR** No
- Did you or a co-owner submit a **MI Home Heating Tax Credit form**? Yes **OR** No
- Have you claimed a **Principle Residence Exemption** with your local assessor? Yes **OR** No

Employment Status and Name of Employer:

	Employed	Status	Current Employer
Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

	Are You Disabled?	Nature of Disability?
Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Revised: 11-09

Income Information:

1. How many individuals live (reside) in the household? _____

List All Persons Living In This Home Other Than You or Your Spouse:

	Person #1	Person #2	Person #3	Person #4
Name				
Age				
Relationship				
Occupation				
Monthly Income	\$	\$	\$	\$
Receive Financial Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Received from Agency	\$	\$	\$	\$
Case Number & Name of Agency				
Claimed as Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2010 Estimated Household Income

Source of Income	Monthly Amount
Wages, Salaries, Tips, Sick Pay, Strike Pay, Rent/Business Income , etc (you and your spouse)	\$
Social Security Retirement, Social Security Survivors, Disability (SSDI) Supplemental Security Insurance (SSI) (provide statement)	\$
Retirement Pension or Annuity Benefits (Include Military Retirement Pay)	\$
Interest or Dividends Earned from any source	\$
Food Assistance: DHS	\$
Disability Payments (Worker Compensation, Veterans Disability, Pension Benefits)	\$
Family Independence Program, State Disability Assistance, State Supplemental Security Income (attach copy of annual statement from DHS)	\$
Alimony	\$
Child Support (attach verification)	\$
Unemployment Benefits	\$
OTHER INCOME:	\$
(Minus) amount you pay for Medical Insurance	\$ - ()
Add Income for all members of household (not claimed as dependent) Please reference the table above.	\$ + ()
YOUR TOTAL MONTHLY INCOME	= \$
Total Projected Household Income For 2010 (Your Total Income X 12 months)	= \$

FLIP OVER



Asset Information:

1. Do you have an ownership interest in any other real estate in Michigan? Yes **OR** No

If YES, please list the information below (attach additional sheet if requesting an extension on multiple parcels).

	Parcel #	Address	City	State	Zip Code
Property #1				MI	
Property #2				MI	
Property #3				MI	
Property #4				MI	

List all Vehicles: Cars, Trucks, Boats, Trailers, ATV's, Etc:

	Vehicle #1	Vehicle #2	Vehicle #3	Vehicle #4
Make				
Model				
Year				
Balance Owed				

Financial Assistance & Property Tax Relief:

1. Have you contacted 211 for assistance? Yes **OR** No

If YES, what information did you receive?



2. Have you **applied** for financial assistance (prevent tax foreclosure) with Department of Human Services (DHS)?

Yes **OR** No

If YES, did you qualify for financial relief through DHS?

Yes **OR** No **OR** HEARD NO RESPONSE YET

3. Are you a military veteran? Yes **OR** No Is your spouse a Military Veteran? Yes **OR** No

If YES, have you contact the VA or Veteran's Trust Fund for financial assistance?

Yes **OR** No

4. Have you applied for a **Poverty Exemption** of property taxes from the city or township based on your income within the last year? Yes **OR** No

5. Have you **applied** for the Winter Protection Plan/Shut-off Prevention Plan to protect you against service shut-off or high payments (of gas & electric) with your energy provider?

Yes **OR** No



Additional Questions and Requirements:

Are you **facing any special circumstances** which make it hard to pay your delinquent taxes? Please describe (use an additional sheet if you need to).

Do you have a **Plan of Specific Actions** that will be taken to pay your delinquent taxes and to avoid future property tax delinquency? If No, how do you plan to pay your property taxes if granted an extension?

I declare under the penalties of perjury, that all of the information submitted in my application for Hardship Extension is true. I understand that postponement of foreclosure will not affect the Calhoun County Treasurer's right to sell the property at a later foreclosure date. I understand that I may not be granted an additional extension until my previous extension year is paid in full. I fully understand that fees and interest will continue to accrue on all tax years delinquent. I understand that I will be required to schedule & complete a financial fitness course and energy education class upon being granted a hardship extension.

Today's Date: _____

Your Printed Name: _____

Signature: _____

Spouse OR Co-Owner's Signature (if applicable): _____