
REQUIRED DOCUMENTATION FOR FINANCIAL HARDSHIP EXTENSION 2012 Delinquent Tax Year

The Calhoun County Treasurer requires that any person applying for a financial hardship extension own, reside or be a legal guardian, conservator, or have power of attorney over the owner/resident and demonstrate a financial hardship.

The applicant must complete the Financial Hardship Extension application and attach copies of the following documents (do not submit originals & copies will not be returned):

1. _____ A copy of **Michigan's Driver's License or State Identification Card.**
2. _____ A copy of your most recent **Federal or Michigan Income Tax Return** for yourself and all occupants in the home. If you don't file a tax return please supply any verification of income (For example: W2's, Social Security Benefit Statement, Retirement Pension, Disability Payments, Alimony, Unemployment Benefits, Food Assistance, Child Support, etc.).
3. _____ A copy of a valid **Deed or Land Contract** for the premises.
4. _____ A copy of **two recent utility bills in the name of the applicant.**
5. _____ **If applicable**, proof of guardianship, conservatorship, or power of attorney. Including picture ID of the person whom the applicant is the guardian, conservator or power of attorney over).
6. _____ Any other pertinent information you would like to submit to support your request.

An applicant may be subject to interview or investigation by the Calhoun County Treasurer's office for the purpose of verifying information contained in the application. Approved applicants may be required to complete a financial fitness course. All Applicants **MUST** be approved by the Calhoun County Treasurer's office in order for the tax foreclosure to be postponed for one year.

RETURN APPLICATION & REQUESTED DOCUMENTATION TO

(in person, by mail, or fax):

Calhoun County Treasurer
315 W. Green St.
Marshall, MI 49068

Phone Number: (269)781-0807

Fax Number: (269)781-0800

<http://www.calhouncountymi.gov>

APPLICATIONS MUST BE RETURNED NO LATER THAN FEBRUARY 13, 2015.

<p>Calhoun County Treasurer Financial Hardship Extension Application 2012 Delinquent Tax Year</p>
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Only complete and signed applications with ALL required documentation attached will be considered. Return application and required documentation to the County Treasurer no later than Friday, February 13, 2015.

Applicant's Name: _____

Applicant is: Owner of the property _____ Legal Representative of the Owner _____

Applicant's Mailing Address: _____

Phone Number: _____ (Home) _____ (Cell)

Property subject to foreclosure:

Parcel Number (10 digits)	Property Address

PROPERTY INFORMATION:

- Are you the legal property owner? Yes **OR** No

If yes, please circle the type of legal interest you have:

Deed Land Contract Power of Attorney Conservator Guardian Estate

- Property is your principle residence? Yes **OR** No
- Purchase date/land contract date of the property: _____
- Purchase price (if purchased in the last 3 years)? _____

Does the property have an unpaid mortgage or land contract? Yes **OR** No

If yes, fill in the land contract or mortgage information below:

Land Contract/Bank Name: _____

Contact Phone: _____

Mailing Address: _____

Balance Due: \$ _____ Are the payments up to date? Yes **OR** No

Per your land contract, who is responsible for paying the current taxes? _____

Per your land contract, who is responsible for paying the delinquent taxes? _____

REVISION DATE (application): 06/03/2014

*The most recent revision date supersedes all previously published versions.

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 <input type="checkbox"/> Seasonal	
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	

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

INCOME INFORMATION:

- How many individuals reside in your household? _____
- Do you or any member of your household receive Supplemental Security Income (SSI), food assistance, Family Independence payments, Medicaid, state medical benefits, state provided child daycare or other needs-based public assistance? Yes OR No

Please complete the table below for all individuals living in your household, including yourself:

NAME	AGE	RELATION TO HOMOWNER	GROSS MONTHLY INCOME	INCOME OR ASSISTANCE SOURCE

Total Monthly Income for All Household Residents = \$ _____

FINANCIAL ASSISTANCE & PROPERTY TAX RELIEF:

1. Have you **applied** for financial assistance with Michigan's Hardest Hit-Step Forward program? Yes **OR** No

If Yes, did you **qualify** for financial assistance through Michigan's Hardest Hit-Step Forward program?

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

2. Have you **applied** for State Emergency Relief (prevent tax foreclosure) with Department of Human Services (DHS)?

If Yes, did you **qualify** for State Emergency Relief through DHS?

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

3. Are you Active Duty Military? Yes **OR** No Is your spouse Active Duty Military? Yes **OR** No

4. Are you a Military Veteran? Yes **OR** No Is your spouse a Military Veteran? Yes **OR** No

5. 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

ASSETS -CONDITION AS OF TODAY'S DATE:

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 sheets if necessary).

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

What are your assets in addition to real estate?

Cash on hand \$ _____
 Savings Accounts/Certificates & Money Markets \$ _____
 Checking Accounts \$ _____
 Stocks/Bonds/Treasury Bills \$ _____
 Investments \$ _____
 Personal Property held as an investment \$ _____
 (i.e., gems, jewelry, coin collection, antique cars, etc.) \$ _____
 Other \$ _____

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

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

HARDSHIP CIRCUMSTANCES:

Reduction of Income:

Did you or a member of your household experience an involuntary reduction in annual income in the past 3 years due to any of the following?

- a) Became unemployed or underemployed after a job loss? Yes OR No
- b) Became laid off, take family medical leave? Yes OR No
- c) Experienced a wage reduction? Yes OR No
- d) Went on long or short term disability? Yes OR No
- e) Became divorced, separated, widowed or abandoned? Yes OR No
- f) Experienced a significant delay in payment of an approved private or government benefit such as a pension or annuity? Yes OR No
- g) Other? _____

Increase in Expenses:

Did your household experience an unforeseen increase in expenses in the past 3 years to any of the following? You must provide copies of documents verifying expenses.

- a) Significant dental or medical payments not covered by insurance? Yes \$ _____ OR No
- b) Significant uninsured costs resulting from a natural or man-made disaster? Yes \$ _____ OR No
- c) Expenses for major property repairs or maintenance to keep your home? Yes \$ _____ OR No
- d) Major vehicle repairs not covered by insurance? Yes \$ _____ OR No
- e) Death and/or burial of a member of your family? Yes \$ _____ OR No
- f) Other? _____

REPAYMENT PLAN: How do you intend on paying your taxes and preventing tax foreclosure in the future?

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If there are any special circumstances about your income or financial condition that you would like considered, please list on back of application.

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

Dated: _____

Applicant's Signature: _____

Dated: _____

Co- Applicant's Signature: _____

Calhoun County Treasurer's Office

2014 Income Levels for Financial Hardship Extension

Number of Persons in Household	Treasurer's Income Guidelines
1 person	\$18,000
2 persons	\$28,000
3 persons	\$35,000
4 persons	\$42,000
5 persons	\$50,000
6 persons	\$55,000
7 persons	\$60,000
8 persons	\$65,000
Increase for each additional person over 8	\$5,000