



FINANCIAL HARDSHIP EXTENSION POLICY

Christine Schauer, Calhoun County Treasurer

The County Treasurer may grant an extension of time to pay delinquent property taxes. Financial hardship extensions are offered as a foreclosure prevention measure for owner occupied properties. Only homeowners who have suffered a hardship and are actively working to catch up payment of their delinquent real property taxes will be considered*.

The County Treasurer will **NOT** consider properties that are dangerous buildings, condemned or vacant/boarded. In addition, the property cannot have outstanding code violations or any recorded income tax liens. The County Treasurer will **NOT** delay foreclosure on a previous extension year.

APPLICANT CONDITIONS:

1. Must hold title to the property, or be a legal guardian, conservator or have power of attorney over the owner/resident or represent the estate of the title holder, if deceased;
2. Occupy the property as a primary residence;
3. Be at or below the Calhoun County Treasurer's income guidelines;
4. Complete the Financial Hardship Extension Application;
5. Provide proof of income;
6. Agree to a plan of payment. Plans may include **one or more** of the following:
 - a. Automatic bank account deduction plan with the Treasurer
 - b. Tax Payment assistance from an agency (i.e. DHS or Step Forward)
 - c. Pending sale or refinancing of the property
 - d. Installment Payment Plan with Interest Rate Reduction**
7. Applicants must disclose the hardship condition that affects their ability to pay taxes. Proof of such hardship may be requested. Hardships may include, but are not limited to, the following **involuntary hardships**:
 - a. Unemployment or Underemployment
 - b. Illness or Out of Pocket Medical Expense
 - c. One-Time Critical Expense
 - d. Death & Burial of Family Member
 - e. Divorce

The Treasurer will assist delinquent taxpayers to develop a payment plan as part of the application process. The applicant must be able to show that if granted relief from foreclosure, he/she will be able to pay their delinquent taxes within 12 months of the waiver, or within the timeframe specified in an executed "Installment Payment Plan With Interest Rate Reduction."

Applicants whose income exceeds the guidelines will only be considered for a deferral if their household has suffered substantial financial hardship due to an unavoidable increase in expenses or an involuntary reduction of income. The granting of a financial hardship extension only extends the time to pay the delinquent amount due. Monthly interest, fees and/or penalties will continue to accrue during the extension period, increasing the overall tax liability. Postponement of foreclosure will not affect the County Treasurer's right to sell the property at a later foreclosure sale. Any ruling made by the Judge at the Judicial Foreclosure Hearing will null & void any extension granted by the County Treasurer.

Adopted By: _____

Handwritten signature of Christine Schauer in cursive.

Christine Schauer, County Treasurer

* A non-homestead property can only be considered if an extremely unusual situation exists as determined by the County Treasurer.

** Specific rules and restrictions will apply to an Installment Payment Plan with Interest Rate Reduction.

REQUIRED DOCUMENTATION FOR FINANCIAL HARDSHIP EXTENSION 2013 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, Pay stubs, 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 6, 2015.

Calhoun County Treasurer
Financial Hardship Extension Application
2013 Delinquent Tax Year

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 6, 2015.

Applicant's Name: _____

Co-Applicant: _____

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 property taxes? _____

REVISION DATE (application): 11/23/2015

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

EMPLOYMENT STATUS AND NAME OF EMPLOYER:

| | Employed | Status | Current Employer |
|--------------|--|--|------------------|
| Applicant | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal | |
| Co-Applicant | <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 |
|--------------|--|----------------------|
| Applicant | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Co-Applicant | <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 (if yes, please list amounts and source below)

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

| NAME | AGE | GROSS MONTHLY INCOME | NET MONTHLY INCOME | INCOME OR ASSISTANCE SOURCE |
|------|-----|----------------------|--------------------|-----------------------------|
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| | | | | |

Total Monthly Income for All Household Residents = \$ _____

ASSETS –BALANCES AS OF TODAY’S DATE:

| | |
|---------------------|----|
| CHECKING ACCOUNTS: | \$ |
| SAVINGS ACCOUNTS: | \$ |
| IRA/KEOGH ACCOUNTS: | \$ |
| OTHER | \$ |

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

6. Have you applied for a Veteran Exemption of property taxes from the city or township?
 Yes **OR** No

Monthly Obligations and Personal Debts: Include utilities, phone, garbage, medicines, credit cards, mortgage payment, car payments, loan payments, garnishments, etc. for all members of household.

GENERAL EXPENSES (MONTHLY):

| | | | |
|-----------------------------------|----|-------------------------|----|
| MORTGAGE OR LAND CONTRACT PAYMENT | \$ | ELECTRIC Payment | \$ |
| HOMEOWNERS INSURANCE PAYMENT | \$ | GAS Payment | \$ |
| CELL PHONE PAYMENT | \$ | MONTHLY FOOD COSTS | \$ |
| HOME PHONE PAYMENT | \$ | VEHICLE GAS | \$ |
| MONTHLY PROPERTY TAXES | \$ | CHILD SUPPORT | \$ |
| HOA FEE | \$ | MEDICAL/DENTAL COSTS | \$ |
| CABLE/INTERNET PAYMENT | \$ | LIFE INSURANCE PAYMENTS | \$ |

REVISION DATE (application): 11/23/2015

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

| | | | |
|-----------------------|----|-----------------------|----|
| TRASH PAYMENT | \$ | DAYCARE/CHILD CARE | \$ |
| WATER/SEWER PAYMENT | \$ | MONTHLY PRESCRIPTIONS | \$ |
| CAR INSURANCE PAYMENT | \$ | HEALTH INSURANCE | \$ |

CREDIT CARD EXPENSE:

| CREDIT CARD NAME | MONTHLY PAYMENT AMOUNT | UNPAID BALANCE |
|------------------|------------------------|----------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

INSTALLMENT DEBT EXPENSE:

| | MONTHLY PAYMENT AMOUNT | UNPAID BALANCE |
|-------------------------|------------------------|----------------|
| SECOND MORTGAGE | \$ | \$ |
| CAR PAYMENT | \$ | \$ |
| MOTORCYCLE/BOAT PAYMENT | \$ | \$ |
| STUDENT LOAN PAYMENT | \$ | \$ |
| OTHER | \$ | \$ |

Total Monthly Obligations for Household= \$ _____
(ADD ALL ENTRIES IN 3 SECTIONS ABOVE)

EXPLAIN HARDSHIP CIRCUMSTANCES: (must complete)

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 DATE _____
- b) Became laid off, take family medical leave? Yes DATE _____
- c) Experienced a wage reduction? Yes DATE _____
- d) Went on long or short term disability? Yes DATE _____
- e) Became divorced, separated, widowed or abandoned? Yes DATE _____
- f) Experienced a significant delay in payment of an approved private or government benefit such as a pension or annuity? Yes DATE _____

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 \$ _____ Date _____
- b) Significant uninsured costs resulting from a natural or man-made disaster? Yes \$ _____ Date _____
- c) Expenses for major property repairs or maintenance to keep your home? Yes \$ _____ Date _____
- d) Major vehicle repairs not covered by insurance? Yes \$ _____ Date _____
- e) Death and/or burial of a member of your family? Yes \$ _____ Date _____
- f) Other? _____

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

.....

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

.....

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: _____