

## HARDSHIP EXEMPTION APPLICATION

I, \_\_\_\_\_, Being the owner and resident of the property listed below, apply for tax relief under MCL 211.7U of the General Property Tax Act, (the real and personal property of persons who, in the judgment of the supervisor and board of review, by reason of poverty are unable to contribute toward the public charges, are exempt from taxation under this act).

Property Code Number \_\_\_\_\_

Property Description: \_\_\_\_\_

Property Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ for

Marital Status: \_\_\_\_\_

Age of Applicant: \_\_\_\_\_ Age of Spouse \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Age of Dependents: \_\_\_\_\_

Have you applied for Homestead Property Tax Credit this Year? \_\_\_\_\_

How much was your Property Tax Credit? \_\_\_\_\_

ATTACH A COPY OF 1040 CR AND FEDERRAL OR STATE INCOME TAX RETURN, IF FILED FOR THE CURRENT YEAR.

REAL ESTATE: Is home paid for? \_\_\_\_\_ Unpaid balance: \_\_\_\_\_

Name of Mortgage Co. \_\_\_\_\_ Monthly payment: \_\_\_\_\_

How long have you lived at this residence? \_\_\_\_\_

Do you own, or are you buying any other property? \_\_\_\_\_

If so, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last Taxed Paid

Income earned from above property? \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No, ( ) \_\_\_\_\_

List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensation, dividends, claims and judgments from lawsuits, alimony, child support and any other source.

Source of Income	Monthly or Annual Income

**SAVINGS AND INVESTMENTS:** List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposit, cash stocks, bonds or similar investments.

Name of Financial Institution or Investments	Amount on Deposit	Name on Account	Value of Investments

**LIFE INSURANCE:** List all policies held by you and your spouse.

Insured	Amount of Policy	Amount Paid Monthly	Paid Up Policy	Name of Beneficiary	Relationship to Insured

**MOTOR VEHICLES IN HOUSEHOLD:**

Make	Year	Monthly Payment	Balance Owed

**LIST ALL PERSONS LIVING IN HOUSEHOLD:**

Last Name	First Name	Age	Relationship to Claimant	Place of Employment	Contribution to Family Income

**PERSONAL DEBT:**

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

**MONTHLY EXPENSES:**

UTILITIES \_\_\_\_\_ FOOD \_\_\_\_\_ PHONE \_\_\_\_\_  
 CLOTHING \_\_\_\_\_ HEAT \_\_\_\_\_ CAR EXPENSE \_\_\_\_\_

OTHER (Specify) \_\_\_\_\_

**OTHER ASSESTS:** List all other assets and their value that are owned or controlled by you. (for example, boats, coin collection, antiques, silver)

Type of Asset	Value	Owner

Reason for Requesting Exemption

NOTICE: Any willful misstatements or misrepresentations on this form constitute perjury, which, under the law is, a felony punishable by fine or imprisonment.

NOTICE: A copy of you latest federal income tax return , state income tax return (MI-1040) and yor Homestead Property Tax Credit claim (MI-1040CR 1,2,3 or 4) must be attached as proof of income.

NOTE: Do not sign until witnessed by the Supervisor, Assessor or Board of Review.

STATE OF MICHIGAN

COUNTY OF \_\_\_\_\_

The undersigned, being duly sworn , deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

\_\_\_\_\_  
Petitioner

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Assessor, Supervisor, Board of Review Member or Notary Public

This Application must return no later than the second Monday in March to the Board of Review of Brady Township.

ADDRESS: Township Supervisor  
Steven Kienitz  
16451 Baldwin Rd.  
Chesaning, MI 48616

FOR BOARD OF REVIEW USE

Disposition by Board of Review \_\_\_\_\_ Date \_\_\_\_\_

Denied: \_\_\_\_\_ Approved: \_\_\_\_\_ Assessment reduced to \_\_\_\_\_

Supervisor \_\_\_\_\_ Chairperson \_\_\_\_\_ Second Member \_\_\_\_\_ Third Member \_\_\_\_\_

Board of Review denials may be appealed by petition to the Michigan Tax Tribunal as described below:

Michigan Tax Tribunal  
PO Box 30232  
Lansing, MI 48909  
(989) 517-373-4400