

### 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 judgement 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 ID Number: 74-2 - \_\_\_\_\_

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

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

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

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

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

**ATTACH COPY OF 1040 CR AND FEDERAL 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 Taxes Paid

Income earned from above property \$ \_\_\_\_\_

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

Address \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

List all income, from everyone living in the home, from salaries, Social Security, rents, pensions, disability, government pensions, workers' compensation, dividends, claims and judgements from lawsuits, alimony, child support, unemployment compensation 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, savings bonds, credit union shares, certificates of deposit, cash, stocks, bonds or similar investment.

NAME OF FINANCIAL INSTITUTION OR INVESTMENTS	Amount on Deposit	Name(s) on Account	Value of Investment

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

Insured	Amount of Policy	Amount Paid Monthly	Name of Beneficiary

**MOTOR VEHICLES IN HOUSEHOLD:**

Make	Year	Monthly Payment	Balanced Owed

**LIST ALL PERSONS LIVING IN HOUSEHOLD:**

Name	Age and Relationship to Claimant	Place of Employment	Contribution to Family Income

**OTHER ASSETS:** List all other assets and their values that are owned or controlled by you (For example, boats coin collection, antiques, silver, motor homes, ATVs, Boats)

Type of Asset	Value	Owner

**PERSONAL DEBTS:**

Creditor	Original Balance	Monthly Payment	Balance Owed

**MONTHLY EXPENSES:**

Electric \_\_\_\_\_

Phone \_\_\_\_\_

Groceries \_\_\_\_\_

Heat \_\_\_\_\_

Clothing \_\_\_\_\_

Car Expense \_\_\_\_\_

Medical Expenses \_\_\_\_\_

Other \_\_\_\_\_

If you have extenuating circumstances other than what is listed on this form that you would like considered by the Board of Review please list it below.

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

NOTICE: A copy of your latest Federal Income Tax return, State Income Tax return (MI-1040) and your 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.**

Your presence at the scheduled Board of Review hearing is recommended.

STATE OF MICHIGAN

COUNTY OF ST CLAIR

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 be returned to the Township Hall 5 days prior to your scheduled hearing date.

Address:

Kimball Township  
2160 Wadhams Road  
Kimball, MI 48074

\_\_\_\_\_  
**FOR BOARD OF REVIEW USE ONLY**

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

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

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

Decisions may be appealed to Michigan Tax Tribunal