

Tax Year _____

Filing of this form is necessary to determine if you qualify for a homestead hardship exemption. The following questions are necessary in order to determine poverty status and asset status. You are required to answer each question. If you do not answer each question, sufficient information will not be available to grant an exemption.

CITY OF FREMONT
HOMESTEAD HARDSHIP APPLICATION

I _____, the owner and occupant of the property listed below, am applying for tax relief under MCL, 211.7u of the General Property Tax Act, which states that the homestead of persons who, in the judgement of the Assessor and the Board of Review, by reason of poverty, are unable to contribute to the public charges is eligible for exemption in whole or part from taxation under Public Act 390, 1994.

Parcel Number: _____

Property Address: _____

1. Attached federal and state income tax return for all person residing in the homestead, including any property tax credit returns filed in the immediately preceding year or in the current years.
YES or NO
2. Attached copy of valid drivers license. YES or NO
3. Attached copy of deed, land contract, or other evidence of ownership of the property for which the exemption is requested. YES or NO
4. Do you meet the federal poverty income standards as defined and determined annually by the United States Office of Management and Budget. YES or NO
(See attachment A)
5. State Equalized Value of property for which the exemption is request is _____ . The average true cash value of all homestead properties in the city, based on the previous years values is 44,800 (TCV) and 22,400 (AV).
6. Phone () _____
7. Marital Status: _____
8. Age of Applicant: _____ Age of Spouse: _____
9. Number of Dependents _____ Age of Dependents _____
10. Have you applied for a Homestead Exemption from some school operating expense (18 miles).
YES or NO

11. Have you applied for Homestead Property Tax Credit this Year? YES or No

12. How much was your Property Tax Credit? _____

13. Real Estate: Is home paid for? _____ Unpaid balance _____
Name of Mortgage Co. _____ Monthly Payment _____

14. How long have you lived at this residence? _____

15. Do you own, or are you buying other property? _____
If so, list below:

PROPERTY ADDRESS	NAME OF OWNER	ASSESSED VALUE	AMOUNT & DATE OF LAST TAXES PAID

16. Income earned from above property \$ _____

17. Name of Employer _____
Address _____
Phone: () _____

18. If unemployed, state reason: _____

19. List all household income including government pensions, claims, judgements from lawsuits, and any other source. Be sure to include both spouses' income. If your household income is more than the Federal Poverty Income Standards (attachment A), you are to eligible for a credit.

SOURCE OF INCOME	ANNUAL INCOME
Wages, salaries tips, sick, strike and SUB pay, etc.	
All interest and dividend income (including non-taxable interest.	
Net rent, business or royalty income	
Retirement pension and annuity benefits.	

Name of payer:	
Net farm income.	
Capital gains less capital losses.	
Alimony and other taxable income. Describe:	
Social Security, SSI or railroad retirement benefits.	
Child support	
Unemployment comp. And TRA benefits.	
Other non-taxable income. Describe	
Workers' comp., veterans' disability compensation and pension benefits.	
ADC and other DSS benefits.	
TOTAL INCOME	

20. 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 INVESTMENT

21. 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

22. MOTOR VEHICLES IN HOUSEHOLD:

MAKE	YEAR	MONTHLY PAYMENT	BALANCE OWED

23. LIST ALL PERSONS LIVING IN HOUSEHOLD:

LAST NAME FIRST NAME	AGE	RELATIONSHIP TO CLAIMANT	PLACE OF EMPLOYMENT	CONTRIBUTION TO FAMILY INCOME

24. PERSONAL DEBTS:

CREDITOR	PURPOSE OF DEBT	DATE OF DEBT	ORIGINAL BALANCE	MONTHLY PAYMENT	BALANCE OWED

25. MONTHLY EXPENSES:

UTILITIES _____ FOOD _____ PHONE _____

CLOTHING _____ HEAT _____ CAR EXPENSE _____

OTHER (Specify) _____

26. OTHER ASSETS: List all other assets and their values 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 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 Assessor or the Assessor’s representative or the Board of Review Member:

_____.

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, or Assessor’s Representative, or Board of Review Member

This application must be returned no later than the second Monday in March to the Board of Review of _____.

Address: _____

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FOR BOARD OF REVIEW USE

Disposition by Board of Review Date _____

Denied: _____ Approved: _____ Assessment reduced to _____

Chairperson _____ 2nd Member _____ 3rd Member _____

Decisions may be appealed to Michigan Tax Tribunal.