

## 2015 HARDSHIP EXEMPTION APPLICATION INSTRUCTIONS

### THIS APPLICATION SHOULD BE RETURNED TO:

Independence Township, Assessing Dept, 6483 Waldon Center Dr, Clarkston, MI 48346

## 2015 CHARTER TOWNSHIP OF INDEPENDENCE

[www.indetwp.com](http://www.indetwp.com)

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To be considered for a hardship exemption, the following steps must be followed:

1. The Petitioners must complete this application in full including signatures on the last page and those signatures must be notarized. Return the application and attachments to the Assessing Department at least 5 days prior to the beginning of the Board of Review.
2. Per Charter Township of Independence Resolution, you must attach signed copies of the following for all persons living in the household:
  - \_\_\_ **2014 FEDERAL INCOME TAX RETURN (1040) with W 2's & 1099's.**
  - \_\_\_ **2014 MICHIGAN INCOME TAX RETURN (MI-1040)**
  - \_\_\_ **2014 HOMESTEAD PROPERTY TAX CREDIT FORM (MI-1040CR)**
  - \_\_\_ **2014 SOCIAL SECURITY BENEFIT STATEMENT (SSA-1099)**
  - \_\_\_ **YEAR END STATEMENTS FOR ASSET INFORMATION (SEE LIST ON PG 5 OF 8)**

**If your application does not include copies of the above documents or if your signature is not notarized, it will be considered incomplete and therefore ineligible for a Hardship Exemption.**

3. **APPEAR** before the Board of Review by making an appointment. **Please call the Assessor's Office at 248 625-8114 to schedule a date and time to appear before the Board of Review.**

Handicapped or infirmed applicants may call the Assessor's Office to make necessary arrangements for assistance. You may also be able to schedule the senior van for transportation. This is available on a first come, first serve basis by calling 248-625-8231.

Hardship Exemption as defined by the Michigan Compiled Laws is as follows:

Section 211.7u: The homestead 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 is eligible for exemption in whole or in part from taxation under this act.

Please be aware that as an applicant for Hardship Exemption, you must also comply with the following sections of the Michigan Compiled Laws:

Section 211.116 Perjury: Any person who, under any of the proceedings required or permitted by this act, shall willfully swear falsely, will be guilty of perjury and subject to its penalties.

If received timely, your application will be presented at the next scheduled Board of Review. The Board of Review schedule for 2015 is as follows:

March: Begins on Wednesday, March 4, 2015  
July: Tuesday, July 21, 2015  
December: Tuesday, December 15, 2015

If you have any questions, feel free to contact the Assessing Department at 248-625-8114, or [assess@indetwp.com](mailto:assess@indetwp.com)

**CHARTER TOWNSHIP OF INDEPENDENCE  
COUNTY OF OAKLAND, MICHIGAN**

**RESOLUTION ESTABLISHING GUIDELINES FOR GRANTING OF HARDSHIP  
EXEMPTIONS FROM PROPERTY TAXES PURSUANT TO MCL 211.7u AND  
ESTABLISHING BEGINNING DATE FOR THE BOARD OF REVIEW**

At a regular meeting of the Board of Trustees of the Charter Township of Independence, County of Oakland, State of Michigan, held on January 20, 2015, the following Resolution was moved, supported and adopted.

RECITALS:

WHEREAS, P.A. 390 of 1994, which amended Section 7u of Act 206 of the Public Acts of 1893, as amended by Act 313 of the Public Acts of 1993, being section 211.7u of the Michigan Compiled Laws, requires the governing body of the assessing unit to determine and make available to the public the policy and guidelines for granting of poverty exemptions under MCL 211.70;

THEREFORE, BE IT RESOLVED, That to be eligible for consideration of a hardship exemption pursuant to MCL 211.7u in the Township of Independence, a person must be the owner and must occupy the property as a homestead, as defined, for which the exemption is requested; file a completed and notarized application; submit copies of federal and state income tax returns for ALL persons that resided in the homestead including property tax credit forms and/or Statement of Benefits paid from Michigan Department of Social Services or Social Security Administration; and meet Independence Township poverty income standards;

BE IT FURTHER RESOLVED, That the applicant and ALL qualifying persons that resided in the home must have an annual adjusted income less than the amounts shown in Attachment A;

BE IT FURTHER RESOLVED, That the applicant must have an annual taxable and/or nontaxable dividend income less than \$3,000;

BE IT FURTHER RESOLVED, That the applicant's asset level, excluding the homestead, may not exceed \$100,000;

BE IT FURTHER RESOLVED, That the applicant may not have ownership interest in any real estate other than the homestead, nor shall anyone else living outside of the household have interest in this homestead;

BE IT FURTHER RESOLVED, That a hardship exemption may be granted for only one year at a time;

BE IT FURTHER RESOLVED, That for the 2015 tax year the Independence Township Board of Review will begin its proceedings on Tuesday, March 3, 2015;

BE IT FURTHER RESOLVED, That the board of review shall request identification of the applicant and/or proof of ownership of the homestead under consideration for hardship exemption;

BE IT FURTHER RESOLVED, That the board of review may request from the applicant any supporting documents which may be utilized in determining a hardship exemption request;

BE IT FURTHER RESOLVED, That the completed hardship exemption application must be filed after January 1, but before the day prior to the last day of the board of review in the year for which exemption is sought;

BE IT FURTHER RESOLVED, That the board of review shall administer an oath wherein the applicant testifies as to the accuracy of the information provided;

BE IT FURTHER RESOLVED, That the board of review may deviate from the established policy and guidelines only for substantial and compelling reasons. The applicant will be notified, in writing, the reasons for deviating from the policy and guidelines for hardship exemption;

BE IT FINALLY RESOLVED, That to conform with the provisions of P.A. 390 of 1994, this resolution is hereby given immediate effect.

## **ATTACHMENT A**

### **POVERTY LEVEL GUIDELINES**

Household allowance is the number of persons dwelling under one roof

<b><u>HOUSEHOLD UNIT</u></b>	<b><u>ADJUSTED INCOME</u></b>
Household allowance of 1:	\$21,600
Household allowance of 2:	\$23,800
Household allowance of 3:	\$26,200
Household allowance of 4:	\$28,800
Household allowance of 5:	\$31,700
Household allowance of 6:	\$34,900
Household allowance of 7:	\$38,400
Household allowance of 8:	\$42,200

DATE STAMP

YEAR **2015**

**BOR: March / July / December**

(Office Use Only)

PARCEL NO: \_\_\_\_\_

PETITION NO: \_\_\_\_\_

### HARDSHIP EXEMPTION APPLICATION

Confidential Information

#### PETITIONER INFORMATION

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: Daytime: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Evening: ( ) \_\_\_\_\_

Property Address for Which Relief is Being Sought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marital Status

Married

Divorced

Widowed

Separated

Single

No. of Years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### PETITIONER EMPLOYMENT STATUS:

- Disabled – No of years \_\_\_\_\_
- Do you qualify for disability benefits? \_\_\_\_
- Employed Full-time? \_\_\_\_\_
- Employed Part-time? \_\_\_\_\_
- Retired – No of Years \_\_\_\_\_
- Unemployed – No of Years \_\_\_\_\_
- Laid-off – No of Years \_\_\_\_\_
- Other \_\_\_\_\_

#### SPOUSE EMPLOYMENT STATUS:

- Disabled – No of years \_\_\_\_\_
- Do you qualify for disability benefits? \_\_\_\_
- Employed Full-time? \_\_\_\_\_
- Employed Part-time? \_\_\_\_\_
- Retired – No of Years \_\_\_\_\_
- Unemployed – No of Years \_\_\_\_\_
- Laid-off – No of Years \_\_\_\_\_
- Other \_\_\_\_\_

Occupation: \_\_\_\_\_  
(If employed)

Occupation: \_\_\_\_\_  
(If employed)

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Telephone: ( ) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Describe any disability or health problems:

Describe any disability or health problems:

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**INCOME AND EXPENSE CHECKLIST FOR HARDSHIP EXEMPTION APPLICANTS**

<b>YES</b>	<b>NO</b>	
___	___	I receive income from employment
___	___	I regularly receive cash contributions or gifts from persons not living with me
___	___	I receive periodic payments from Worker's Compensation
___	___	I receive Veteran's Administration benefits
___	___	I receive G.I. Bill benefits
___	___	I receive disability or death benefits
___	___	I receive Social Security benefits
___	___	I receive Supplemental Security Income (SSI) benefits
___	___	I receive Public Assistance (FIP)
___	___	I receive State Medical Program assistance (SMP)
___	___	I receive Medicaid
___	___	I receive food stamps
___	___	I receive educational grants or scholarships
___	___	I receive unemployment benefits
___	___	I receive child support
___	___	I receive alimony
___	___	I receive periodic payments from a trust, annuity or an inheritance
___	___	I receive periodic payments from insurance policies
___	___	I receive periodic payments from retirement funds or pensions
___	___	I receive periodic payments from lottery winnings
___	___	I receive interest and/or dividends
___	___	I receive income from the rental of property (real and/or personal)
___	___	I have other real estate besides this particular property
___	___	I have _____ checking accounts (Enter number)
___	___	I have _____ savings accounts (Enter number)
___	___	I have _____ time certificates (Enter number)
___	___	I have _____ CDs (Certificates of Deposit) (Enter number)
___	___	I have IRAs, Roth IRAs or Keogh accounts
___	___	I have Treasury Bills
___	___	I have stocks
___	___	I have bonds
___	___	I have personal property held as an investment (gems, coins, stamps, jewelry, collectable items, etc.)
___	___	I have disposed of assets recently
___	___	I pay Medicare premiums
___	___	I pay medical insurance premiums other than Medicare
___	___	I pay medical or prescription expenses (which are not reimbursed)
___	___	I pay child care expenses
___	___	I have provided Social Security numbers for all residents in my household

**MORTGAGE INFORMATION**

- A. Purchase Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_
- B. Mortgage/Land Contract Balance: \_\_\_\_\_
- C. Monthly Payment: \_\_\_\_\_
- D. Does this payment include taxes?  Yes  No
- E. Number of Years Remaining on the mortgage/land contract: \_\_\_\_\_
- F. Are your property taxes paid?  Yes  No

**MISCELLANEOUS INFORMATION**

- A. Did you apply for a hardship exemption last year?  Yes  No
- B. Do you have an ownership interest in any other real estate in Michigan or anywhere else?  Yes  No If yes, please list:  
  
Location: \_\_\_\_\_ Tax I.D. No: \_\_\_\_\_  
  
Current State Equalized Value: \_\_\_\_\_ Estimated Current Value: \_\_\_\_\_  
  
Purchase Date: \_\_\_\_\_ Purchase Price: \_\_\_\_\_  
  
Attach additional sheet if necessary
- C. Are you and/or your spouse the sole owners of the subject property?  Yes  No  
If no, list all owners and their percentage interest of ownership \_\_\_\_\_  
\_\_\_\_\_
- D. Have any improvements, changes or additions been made to the property in the last two (2) years?  Yes  No  
If yes, please explain: \_\_\_\_\_
- E. Do you anticipate selling the homestead property for which relief is sought in the next year?  Yes  No  
If yes, please explain: \_\_\_\_\_
- F. Does anyone contribute to your support?  Yes  No Amount? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_
- G. Is anyone able to contribute to your support?  Yes  No  
If yes, please explain: \_\_\_\_\_

## HOUSEHOLD STATUS

Please list all people that lived in your household during the last year other than yourself and spouse:

	1	2	3	4
Name				
Age				
Relationship				
Social Security #				
Occupation				
Annual Income				
Claimed as Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did everyone above live in your household for the entire year? \_\_\_\_\_

If not, please explain: \_\_\_\_\_

A copy of the following is required for the petitioners **AND** all people that lived in your household last year:

**2014 FEDERAL INCOME TAX RETURN (1040) with W 2's & 1099's.**

**2014 MICHIGAN INCOME TAX RETURN (MI-1040)**

**2014 HOMESTEAD PROPERTY TAX CREDIT FORM (MI-1040CR)**

**2014 SOCIAL SECURITY BENEFIT STATEMENT (SSA-1099)**

**YEAR END STATEMENTS FOR ASSET INFORMATION (SEE LIST ON PAGE 5 OF 8)**

If your application does not include copies of the above documents, it will be considered incomplete, and therefore ineligible for a Hardship Exemption.

**Please be aware that as an applicant for Hardship Exemption, you must also comply with the following sections of the Michigan Compiled Laws:**

Section 211.116 Perjury: Any person who, under any of the proceedings required or permitted by this act shall willfully swear falsely, will be guilty of perjury and subject to its penalties.

**ASSET INFORMATION**

What are your current assets in addition to the real estate noted previously?

Cash	\$ _____
Savings Accounts/Certificates & Money Markets	\$ _____
Checking Accounts	\$ _____
Stocks/Bonds/Treasury Bills	\$ _____
Insurance	\$ _____
Other: _____	\$ _____
Investments	\$ _____
IRA, Keogh, Annuities, Deferred Comp, 401K	\$ _____
Personal property held as an investment (i.e. gems, jewelry, coin collection, antiques cars etc)	\$ _____

List all vehicles including cars, trucks, boats, trailers, motorcycles, motor homes, jet ski's, snowmobiles, ATV's etc that are owned by petitioners.

	#1	#2	#3
<b>Make</b>			
<b>Model</b>			
<b>Year</b>			
<b>Value</b>			
<b>Balance Owed</b>			

**LOAN DEBT**

List other loans or land contracts outstanding? (Attach additional sheet if necessary)

<b>To Whom</b>	
<b>Address</b>	
<b>Monthly Payment</b>	
<b>Current Balance</b>	

<b>To Whom</b>	
<b>Address</b>	
<b>Monthly Payment</b>	
<b>Current Balance</b>	

<b>To Whom</b>	
<b>Address</b>	
<b>Monthly Payment</b>	
<b>Current Balance</b>	

<b>To Whom</b>	
<b>Address</b>	
<b>Monthly Payment</b>	
<b>Current Balance</b>	



**2014 EXPENSE INFORMATION**

Average **M-o-n-t-h-l-y** Expenses:

**MONTHLY**

House Payment (Principal & Interest)	\$ _____
Life Insurance	\$ _____
Health Insurance	\$ _____
Home Insurance	\$ _____
Auto Insurance	\$ _____
Taxes (Principal Residence)	\$ _____
Taxes on other property	\$ _____
Car Payment	\$ _____
Special Assessment	\$ _____
Utilities:	
Gas/Oil	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water/Sewer	\$ _____
Child Care	\$ _____
Food/Clothing	\$ _____
Other Loans	\$ _____
Medical	\$ _____
Lawn care/snow removal	\$ _____
Cable/Dish	\$ _____
Auto Gasoline	\$ _____
Disposal / Water Softener	\$ _____
Pet Food / Church / Gifts	\$ _____
Other: Newspaper & Miscellaneous	\$ _____

**VERIFICATION OF EXPENSES MAY BE REQUIRED**

Do you have any major or unusual expenses?  Yes  No

If yes, please explain:

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**2014 ASSET AND INCOME INFORMATION**

Please list sources of **ALL** household income and assets. Please indicate the amount from each source on an **A-n-n-u-a-l** basis.

**ANNUALLY**

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	\$ _____
Social Security, SSI or railroad retirement benefits	\$ _____
Child support, WIC	\$ _____
Unemployment compensation and TRA benefits	\$ _____
Workers' compensation, veterans' disability compensation	\$ _____
ADC and GA benefits	\$ _____
All other public assistance payments Describe _____	\$ _____
Other Non-taxable income Describe _____	\$ _____
<b>TOTAL INCOME:</b>	\$ _____

What was the total income from all sources of everyone living in your household for the past two (2) years?

Last Year \_\_\_\_\_ Prior Year \_\_\_\_\_

Do you anticipate any major changes in income for the coming year:  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC**

**PLEASE READ CAREFULLY**

I/We am/are unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u Michigan Compiled Laws.

I/We have read this application and fully understand the contents thereof. I/We declare that the statements made herein are complete, true, and correct to the best of my/our knowledge. I/We further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.119 Michigan Compiled Laws.

I/We hereby consent to the examination of copies of my/our attached tax returns and related financial documents by the Independence Township Assessor and or designated agent and by the members of the Independence Township Board of Review.

Furthermore, I/we consent to the discussion of the information contained in my/our tax returns and related financial documents at a duly convened public meeting of the Independence Township Board of Review. By signing this Waiver of Confidentiality, I understand and acknowledge that I am forever giving up any and all possible claims I may have relative to the disclosure of information contained in said tax returns and related financial documents, which claims may arise pursuant of Internal Revenue Code Section 6103, and/or any other federal, state or local statute or regulation.

I/We have received a copy of the Hardship Guidelines and understand them. I/We have read this document in its entirety and sign this document of our own free will.

Petitioner's Signature: \_\_\_\_\_

Spouse/Other Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_ County,

My Commission Expires: \_\_\_\_\_

Acting in \_\_\_\_\_ County

**HARDSHIP EXEMPTION APPLICATIONS SHOULD BE RETURNED TO:**

Independence Township, Assessing Dept, 6483 Waldon Center Dr, Clarkston, MI 48346