



INSTRUCTIONS FOR HARDSHIP EXEMPTION APPLICATION

PLEASE READ THESE INSTRUCTIONS CAREFULLY

1. PLEASE PRINT CLEARLY AND INCLUDE ALL REQUESTED ATTACHMENTS
2. APPLICATION MAY BE REJECTED IF THE FORM IS ILLEGIBLE OR INCOMPLETE OR IF DOCUMENTS ARE MISSING
3. THE PROPERTY MUST BE YOUR HOMESTEAD TO APPLY FOR THIS EXEMPTION
4. COMPLETE ALL SECTIONS OF THIS APPLICATION
5. SIGNATURES MUST BE NOTARIZED (NOTARY SERVICES AVAILABLE IN THE CITY CLERK'S OFFICE, ROOM 102, CITY HALL)
6. BE PREPARED TO SHOW DRIVER'S LICENSE OR STATE ID
7. **REQUIRED** ATTACHMENTS:
 - FEDERAL INCOME TAX RETURN (1040), **OR** POVERTY EXEMPTION AFFIDAVIT
 - MICHIGAN STATE INCOME TAX RETURN, INCLUDING HOMESTEAD PROPERTY TAX CREDIT CLAIM (MI 1040 CR), **OR** POVERTY EXEMPTION AFFIDAVIT
 - FEDERAL INCOME TAX RETURN (1040) FOR ALL OTHER OCCUPANTS OF YOUR HOUSEHOLD
 - DELINQUENT PROPERTY TAX STATEMENT FROM SAGINAW COUNTY TREASURY (LOCATED IN THE COURTHOUSE ON MICHIGAN AVE)
8. ALL SUBMITTED DOCUMENTS MUST BE CURRENT AND VALID
9. APPLICATIONS ARE FOR THE CURRENT YEAR ONLY, AND, IF APPROVED, WILL NOT AFFECT BACK TAXES
10. THE EXEMPTION, IF APPROVED, DOES NOT CARRY OVER INTO NEXT YEAR; YOU MAY RE-APPLY EVERY YEAR
11. THE BOARD OF REVIEW MEETS IN MARCH, JULY, AND DECEMBER TO CONSIDER APPEALS; CALL THE CITY OF SAGINAW ASSESSORS OFFICE FOR APPLICATION DEADLINES

SUBMIT APPLICATION TO:
CITY OF SAGINAW ASSESSOR ROOM 105, CITY HALL
1315 S WASHINGTON AVE, SAGINAW, MI 48601 (989) 759-1471

THIS INFORMATION IS SUBJECT TO
FREEDOM OF INFORMATION ACT

TAX YEAR _____

PARCEL ID# _____

**CITY OF SAGINAW
ONE-YEAR HARDSHIP EXEMPTION APPLICATION**

SECTION A: PETITIONER INFORMATION

NAME _____

DATE OF BIRTH _____

SPOUSE'S NAME _____

DATE OF BIRTH _____

PHONE # _____

ALTERNATE PHONE # _____

PROPERTY ADDRESS

MARITAL STATUS # OF YEARS

MARRIED _____
 DIVORCED _____
 WIDOWED _____
 SEPARATED _____
 SINGLE _____

PETITIONER EMPLOYMENT STATUS

DISABLED - # OF YEARS _____
ARE YOU QUALIFIED FOR
DISABILITY BENEFITS? YES NO

EMPLOYED FULL-TIME

EMPLOYED PART-TIME

RETIRED – WHEN? _____

UNEMPLOYED – WHEN? _____

LAID-OFF – WHEN? _____

OTHER _____

OCCUPATION _____

If employed

EMPLOYER _____

ADDRESS _____

PHONE # _____

SPOUSE EMPLOYMENT STATUS

DISABLED - # OF YEARS _____
ARE YOU QUALIFIED FOR
DISABILITY BENEFITS? YES NO

EMPLOYED FULL-TIME

EMPLOYED PART-TIME

RETIRED – WHEN? _____

UNEMPLOYED – WHEN? _____

LAID-OFF – WHEN? _____

OTHER _____

OCCUPATION _____

If employed

EMPLOYER _____

ADDRESS _____

PHONE # _____

DESCRIBE ANY DISABILITIES OR HEALTH PROBLEMS

SECTION B: HOUSEHOLD OCCUPANTS

LIST ALL PEOPLE CURRENTLY LIVING IN HOUSEHOLD OTHER THAN YOU AND YOUR SPOUSE

	1	2	3	4
NAME				
AGE				
RELATIONSHIP				
OCCUPATION				
ANNUAL INCOME				
DO YOU CLAIM THIS PERSON AS A DEPENDENT ON YOUR INCOME TAX?				
	<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

SECTION C: PROPERTY & MORTGAGE INFORMATION

PURCHASE DATE _____ PURCHASE PRICE _____

IS THERE A BALANCE ON THE MORTGAGE OR LAND CONTRACT? YES NO

IF YES, MONTHLY PAYMENT AMOUNT _____

IS THIS PAYMENT LATE? YES NO

IF YES, HOW MANY MONTHS ARE YOU BEHIND? _____

DOES THIS PAYMENT INCLUDE PROPERTY TAXES? YES NO

ARE YOUR PROPERTY TAXES DELINQUENT? YES NO

IF YES, FOR WHAT YEARS? _____

ARE YOU AND / OR YOUR SPOUSE THE SOLE OWNERS OF THE PROPERTY? YES NO

IF NO, LIST CO-OWNERS _____

DO YOU OWN OR CO-OWN ANY OTHER REAL ESTATE? YES NO

IF YES, LIST PROPERTIES LOCATIONS, PURCHASE DATE, AND PURCHASE PRICE

SECTION E: HOUSEHOLD INCOME

LIST AVERAGE MONTHLY INCOME FROM ALL SOURCES

	YOU & YOUR SPOUSE MONTHLY INCOME	OTHER MEMBERS OF HOUSEHOLD
WAGES, SALARIES, TIPS	\$ _____	\$ _____
SOCIAL SECURITY, SSI	\$ _____	\$ _____
PENSION, ANNUITY, RETIREMENT	\$ _____	\$ _____
INTEREST, DIVIDENDS	\$ _____	\$ _____
RENT, BUSINESS, ROYALTY INCOME	\$ _____	\$ _____
DISABILITY BENEFITS	\$ _____	\$ _____
WORKERS COMP, VETERANS BENEFITS	\$ _____	\$ _____
GENERAL ASSISTANCE, ADC	\$ _____	\$ _____
ALIMONY	\$ _____	\$ _____
CHILD SUPPORT, WIC	\$ _____	\$ _____
UNEMPLOYMENT	\$ _____	\$ _____
OTHER PUBLIC ASSISTANCE	\$ _____	\$ _____
OTHER INCOME	\$ _____	\$ _____
	TOTAL \$ _____	TOTAL \$ _____

TOTAL HOUSEHOLD ANNUAL INCOME \$ _____

DO YOU EXPECT ANY MAJOR CHANGES IN INCOME FOR THE COMING YEAR? [] YES [] NO

IF YES, PLEASE EXPLAIN _____

DO YOU RECEIVE ASSISTANCE FROM ANY OTHER SOURCE (i.e. FOOD BANK, CHURCH, RED CROSS, FAMILY OR FRIENDS)? [] YES [] NO

IF YES, PLEASE EXPLAIN _____

SECTION F: HOUSEHOLD EXPENSES

LIST AVERAGE MONTHLY EXPENSES FOR THE HOUSEHOLD

HOUSE PAYMENT	\$ _____	CHILD CARE	\$ _____
LIFE INSURANCE	\$ _____	CHILD SUPPORT	\$ _____
HEALTH INSURANCE	\$ _____	MEDICAL BILLS	\$ _____
HOME INSURANCE	\$ _____	FOOD / HOUSEHOLD	\$ _____
AUTO INSURANCE	\$ _____	TRANSPORTATION	\$ _____
CAR PAYMENT	\$ _____	CLOTHING	\$ _____
PROPERTY TAX	\$ _____	CABLE / DISH	\$ _____
INCOME TAX	\$ _____		\$ _____
GAS / ELECTRICITY	\$ _____		\$ _____
WATER/SEWER	\$ _____		\$ _____
TELEPHONE	\$ _____		\$ _____
CREDIT CARDS	\$ _____		\$ _____

DO YOU EXPECT ANY MAJOR OR UNUSUAL EXPENSES? YES NO

IF YES, PLEASE EXPLAIN _____

DO YOU HAVE OTHER LOANS OR DEBTS? YES NO

IF YES, PLEASE LIST NAME OF CREDITOR, TOTAL BALANCE, AND MONTHLY PAYMENT

SECTION G: ASSET INFORMATION

DO YOU HAVE ANY OF THE FOLLOWING ASSETS? IF YES, INDICATE VALUE.
DO NOT INCLUDE REAL ESTATE OR INCOME PREVIOUSLY LISTED.

\$ _____ CASH

\$ _____ BANK ACCOUNTS

\$ _____ CERTIFICATES / MONEY MARKET

\$ _____ STOCKS / BONDS / T-BILLS

\$ _____ INSURANCE

\$ _____ IRA, ANNUITIES, ETC

\$ _____ OTHER (DESCRIBE) _____

\$ _____ OTHER (DESCRIBE) _____

VEHICLES, CARS, BOATS, TRAILERS, ETC.

	1	2	3
MAKE			
MODEL			
YEAR			
VALUE			
BALANCE OWED			

SECTION H: SIGNATURES

I HAVE READ THIS APPLICATION AND FULLY UNDERSTAND THE CONTENTS. I DECLARE THAT THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY INFORMATION CONTAINED HEREIN IS FOUND TO BE FALSE, THE RELIEF GRANTED BY THIS APPLICATION WILL BE FORFEITED AND PUT BACK ON THE TAX ASSESSMENT ROLL WITH APPLICABLE PENALTIES AND INTEREST.

PETITIONER'S SIGNATURE _____

SPOUSE'S SIGNATURE _____

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC

COUNTY, MICHIGAN

MY COMMISSION EXPIRES _____