

HARDSHIP EXEMPTION APPLICATION
AETNA TOWNSHIP
Mecosta County
Revised 2-9-09

DATE: _____

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 Address: _____ Phone (____) _____

Marital Status: _____ Age of applicant: _____ Age of spouse _____

Number of dependents: _____ Age of dependents: _____

Have you applied for a property tax credit this year? _____

How much was your property tax credit? _____

Does property qualify for and have you requested Primary Resident Exemption (PRE) _____

ATTACH A COPY OF MICH 1040 CR AND FEDERAL AND STATE TAX RETURN IF FILED FOR THE CURRENT YEAR.

REAL ESTATE: Is home paid for? _____ Unpaid balance _____

Name of Mortgage Company/Bank _____

How Long have you lived at this address? _____

Do you own or are you buying any of other property? _____

PROPERTY ADDESSS	NAME OF OWNER	ASSESSED VALUE	AMOUNT AND DATE OF LAST TAXES PAID
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Income earned from above property? _____

OWNER:

Social Security Number _____

Age as of December 31st: _____

Are you blind? _____ Yes _____ No

Are you paraplegic, hemiplegic or quadriplegic? _____ Yes _____ No

Are you totally and permanently disabled as defined under Social security Guidelines 42 USC 416? _____ Yes _____ No If YES what % of disability? _____

Are you a Veteran with service connected disability? _____ Yes _____ No

If YES what % of disability? _____

Are you a surviving spouse of a Veteran with a service connected disability? _____ Yes
_____ No If Yes, what % of disability _____

Are you a surviving spouse of a veteran deceased in service? _____ Yes _____ No

Name of Employer _____

Address of employer _____

Employer Phone: _____

INCOME OF HOUSEHOLD:

Wages, Salaries, tips, sick, strike and SUB pay etc. _____

ALL interest and dividend income (including non taxable interest) _____

Net business, royalty or rent income (including self employment) _____

Annuity, retirement pension and IRA benefits _____

Net Farm Income _____

Capital gains less capital losses _____

Alimony and other taxable income _____

Social Security, Supplemental Security Income, &/or railroad retirement _____

Child Support _____

Unemployment compensation _____

Other nontaxable income: describe _____

Workers compensation, veterans' disability and pension benefits _____

FIP and other DHS benefits _____

TOTAL INCOME _____

EXPENSES OF HOUSEHOLD

Monthly mortgage payment _____

Monthly automobile payment: _____

Make & year of Auto _____

Other Creditors:

Name: _____

Name: _____

Name: _____

Name: _____

Food* _____

Heat: _____

Lights _____

Phone _____

Trash Removal _____

Clothing _____

Auto expenses & repairs _____

Medical Insurance Premiums _____

Medicine and Doctors Fees _____

Other: list _____

TOTAL EXPENSES _____

AVAILABLE HOUSEHOLD INCOME: deduct expenses from total income _____

* DO NOT include pet food, alcohol, cigarettes or tobacco in your human food total.

REASON FOR REQUESTING EXEMPTION

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

NOTICE: A copy of your latest deferral income tax return, state of 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.

STATE OF MICHIGAN

COUNTY OF _____ TOWNSHIP _____

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

Petitioner Signature MUST BE SIGNED IN THE PRESENCE OF SUPERVISOR, ASSESSOR, BOARD OF REVIEW OR OTHER TOWNSHIP BOARD MEMBER,

Subscribed and sworn this _____ day of _____, 20____

Assessor, Supervisor, Board of Review Member or Notary Public

This application must be returned to the Board of Review of Aetna Township no later than the: first Monday in March for consideration at the March Board of Review; first Monday in July for consideration at the July Board of Review; or the first Monday in December for consideration at the December Board of Review.

FOR BOARD OF REVIEW USE

Disposition by Board of Review Date: _____

Denied: _____ Approved: _____ Assessment reduced to: _____

Supervisor _____

Chairperson _____

Second Member _____

Third Member _____

Decisions may be appealed to Michigan Tax Tribunal within 30 days at: PO Box 30232
Lansing, MI 48909