

ASSESSING DEPARTMENT 2018 HARDSHIP EXEMPTION GUIDELINES

Section 211.7u(1) of the Michigan General Property tax Act defines the poverty, or *Hardship Exemption* as a method to provide relief for those who, in the judgment of the Board of Review are unable to fully contribute to the annual property tax burden of their principal residence due to a temporary and sudden change in their financial situation.

The Hamtramck City Council has adopted these official ***HARDSHIP EXEMPTION GUIDELINES*** and will make them available for those homeowners who need and qualify for one year property tax relief under the above referenced statute. The applicant will have to show the financial hardship is temporary and a result of the sudden event as provided by Section 211.7u(1) law.

In order to qualify for a *Hardship Exemption*, **APPLICANT MUST OWN & COMPLETELY OCCUPY THE PROPERTY AS PRINCIPAL RESIDENCE AS OF 12/31/17.** A homeowner must have a principal residence exemption and provide the Assessing Office with all of the information listed below or the Board of Review **WILL NOT** consider their application.

1. **Timely Filed* and fully complete Hardship Exemption Application.**
2. **2017 W-2 Forms, Social Security Statements, Pay Stubs, or Similar Income Verification for all permanent members of the household.**
3. **2017 Federal Income & Michigan Tax Returns for all household members.**
4. **2017 Michigan Homestead Property Tax Credit Claim (MI 1040 CR). The Michigan Homestead Prop. Tax Credit (that could be up to \$1200) the applicant may be entitled to receive, shall be considered in the determination of the Board of Review's amount of relief in addition to the credit from State.**
5. **Mortgage payment verification (if applicable).**
6. **Most recent bank statements for all checking & savings accounts for all household members.**
7. **Proof of the extraordinary expenses that are claimed for financial emergency**
8. **If you purchased the property within last 3 years, Stamped Copies of PTA and PRE affidavits filed with the Assessor's Office.**
9. **If you purchased/acquired the property when your financial situation did not allow for the payment of property taxes, you would not be considered for poverty exemption.**

*The filing deadline will be one week before the date of the Board of Review to which the appeal is filed, i.e March, July or December

Only complete *Hardship Exemption* Applications received before the specified date will be considered by the Board of Review. You can file application either for March, July or December Board of Review.

The *Hardship Exemption* Application will require homeowners to give personal information for all household members and will require information to be provided concerning household assets, monthly income and expenses, and household debt.

In order to qualify for the consideration for a Hardship Exemption, all petitioners must meet the following income guidelines. The figures below represent the most that could have been earned by all household members in order to qualify for a Hardship Exemption at the Board of Review. The levels of income are higher than the Federal Levels

INCOME GUIDELINES

<u>Members</u>	<u>Fed Guide</u>	<u>Ham Income</u>	<u>Members</u>	<u>Fed Guide</u>	<u>Ham Income</u>
1	12,060	\$13,100	5	28,780	\$31,280
2	16,240	\$17,620	6	32,960	\$35,840
3	20,420	\$22,180	7	37,140	\$40,400
4	24,600	\$26,730	8	41,320	\$44,980

For each additional person add \$4,180

ASSET GUIDELINES

In addition to the income guidelines, the total net assets for the applicant and all other occupants cannot be more than the average value of Hamtramck homes for the last assessment cycle. Average home values for 2017 roll was 44,600 Therefore, for 2018 exemption requests, the total net assets cannot be more than 44,600.

The Board of Review may refuse to consider a Hardship Application filed on a property that was purchased in either the current or previous assessment year. Hardship applicants are not prohibited from also appealing their assessed, capped or taxable values or their property classification in the same assessment year.

It is recommended that all hardship applicants personally attend the Board of Review. If an applicant has difficulty attending the Board of Review because of their health the Board of Review will evaluate their application without a required appearance, based on all submitted documentation. The Board of Review has the authority to deny relief to any applicant they deem **did not** provide the required documentation to substantiate the applicant’s claim. In compliance with the Americans with Disabilities Act, as amended, those applicants with disabilities may call the Assessing Office to request assistance.

Applicants will be notified in writing of the Board of Review’s decision and their appeal rights. All hardship exemptions are, by law, effective for ONE YEAR .

B.O.R. Mar Jul Dec
App Deadlines
Date: ___3/12___7/7___12/9___

Parcel No.41- _____

Years Already Availed _____

Name: _____

Petition #: _____

CITY OF HAMTRAMCK (WAYNE COUNTY) HARDSHIP REDUCTION APPLICATION

A. DEADLINE

YOU MUST COMPLETE THIS APPLICATION IN FULL AND RETURN IT TO THE ASSESSING OFFICE BY: THURSDAY, MARCH 12, OR JULY 7, OR DEC 9, 2018

WHEN THIS FORM IS COMPLETED AND TURNED IN, IT WILL BE YOUR RESPONSIBILITY TO SCHEDULE AN APPOINTMENT TO MEET WITH THE BOARD OF REVIEW. IF YOU ARE UNABLE TO APPEAR IN PERSON, YOU MAY HAVE A REPRESENTATIVE APPEAR ON YOUR BEHALF.

B. STATEMENT

I, _____ being the **owner and resident** of the property listed below, desire to apply for Tax Relief under Section 74 of the Michigan General Property Tax Act: (The principal residence 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. MCL Section 211.7u)

C. PROPERTY ADDRESS

Property address _____ Parcel # _____

Legal description _____

D. APPLICANT INFORMATION

Date of Birth _____

Phone Number: (____) _____ (____) _____ (____) _____
Daytime Evening Cell

Other Contact Information: _____
(Name) (Phone)

Current Marital Status

of Years

- () Married _____
- () Divorced _____
- () Widowed _____
- () Separated _____
- () Single _____

Applicant Status

Spouse Status

- () Employed Full Time
- () Employed Part Time
- () Retired – How Long?_____
- () Laid Off – How Long?_____
- Possible return date _____
- () Disabled
- () Not working – How Long?_____
- Occupation _____
- Current or most recent employer_____

- () Employed Full Time
- () Employed Part Time
- () Retired – How Long?_____
- () Laid Off – How Long?_____
- Possible return date _____
- () Disabled
- () Not working – How Long?_____
- Occupation _____
- Current or most recent employer_____

Describe any disability or health problems:

Describe any disability or health problems:

Resident Information

Please list **all people other than yourself or spouse** currently living in your household..
(Attach additional sheet if necessary)

	1	2	3	4	5
Full Name					
Age					
Relationship					
Occupation					
Annual Income					
Do they contribute to household income?	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
Amount of Contribution	\$	\$	\$	\$	\$

E. PROPERTY

Are you and/or your spouse the sole owners of the property? Yes _____ No _____

If no, list all owners and their percentage of ownership. _____

Is the home paid in full? Yes _____ No _____

If no, number of years remaining on this Mortgage/Land Contract _____

Do you owe any delinquent taxes? Yes _____ No _____

If yes, please list the year(s) and amount(s) _____

Have any improvements, changes or additions been made to the property in the last two (2) years? Yes _____ No _____ If yes, please explain _____

Are there any changes or additions that need to be made to the property? Yes _____ No _____ If yes, please describe the property, location, and estimated value _____

F. ASSET INFORMATION

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

Cash \$ _____

Checking Accounts/Savings Accounts, _____

CDs, Money Markets \$ _____

Stocks/Bonds/Treasury Bills \$ _____

Insurance Policy (surrender –cash value) \$ _____

Retirement Accounts \$ _____

Personal Property (i.e. Jewelry, Coin Collection, Etc.) \$ _____

Other - (please explain) \$ _____

List **all motor vehicles in household** (whether paid in full or not) including cars, trucks, and recreational vehicles, i.e.: boats, motorcycles, motor homes, travel trailers, jet skis, snow mobiles, ATV's, etc.

	MAKE/MODEL	YEAR	BOUGHT OR LEASED	PURCHASE PRICE
1				
2				
3				
4				
5				

G. INCOME INFORMATION

Please list all sources of your personal income on a **MONTHLY** basis.

SOURCE	APPLICANT	SPOUSE
Employment		
Social Security/SSI		
Pension		
Unemployment/Workers Compensation		
General Assistance (FIA, ADC, Food Stamps)		
Child Support/Alimony		
Family Support		
Interest (taxable & non-taxable); Dividends		
Rental Income		
Other Income (please explain) _____ _____ _____		

Has your income significantly changed in the last year? Yes ___ No ___ If yes, please explain _____

Has anyone in the household sold or given away interest in any property in the last 12 months? If so, please explain? _____

H. EXPENSE INFORMATION

Please list all sources of household expenses on a **MONTHLY** basis.

House Payment (principal & interest)	
Association/Condo Fees	
Taxes on other property	
Special Assessments	
Home Insurance	
Car Payment 1 st Car	
Car Payment 2 nd Car	
Auto Insurance	
Health Insurance (include prescription coverage)	
Medical Bills (not covered by Insurance)	
Prescriptions (not covered by Insurance)	
Child Care/Day Care	
Cable	
Other, (please explain)	

Mortgage/Land Contract \$ _____ Monthly Payment \$ _____

Does this payment include taxes? Yes ___ No ___

Does this payment include insurance? Yes ___ No ___

Have your expenses significantly changed in the last year? Yes ___ No ___ If yes, please explain _____

I. DEBT INFORMATION

Please list any outstanding loans, credit cards, and personal debts.
(attach additional sheet if necessary)

	TO WHOM	FOR WHAT	MONTHLY PMT	BALANCE
1				
2				
3				
4				
5				

J. APPLICANT CERTIFICATION

I/We understand that the statements contained in this application are true to the best of my/our knowledge. I/We also understand that this application will be denied or revoked if the information contained is found to be false or incomplete.

Applicant Signature _____

Spouse Signature _____

**IF GRANTED, REDUCTION WILL BE IN EFFECT FOR ONE
(CURRENT) YEAR ONLY.**

I/We have received and understand a copy of the hardship guidelines.

Applicant Signature _____

Spouse Signature _____

Name of Preparer if other than applicant: _____

Phone Number of Preparer if other than applicant: _____