

Grand Traverse County Treasurer's Office
Heidi M. Scheppe, Treasurer
POLICY

**One-Year Financial Hardship
Extension from Foreclosure
2019**

(2017 and prior years' delinquent taxes to be withheld from foreclosure in February 2020)

Hardship Extensions are designed to delay foreclosure deadlines by one year for owners who are actively working to catch up their delinquent property taxes. Hardship Extensions are aimed at homeowners but may be granted occasionally for small, family businesses or commercial property that is the primary source of the owner's income. The person requesting an extension must:

1. Hold title to the property or represent the estate if the owner is deceased.
2. Complete the attached Application.
3. Provide proof of income.
4. Provide information to us about assets you may have **OTHER THAN:**
 - a. Assets in retirement programs recognized as tax exempt by IRS (e.g. IRA, 401k, 457, SEP)
 - b. Personal, occupied residence
 - c. Vehicle, tools, or other equipment needed for work
5. Present a plan for payment. Plans may include one or more of the following:
 - a. Automatic deduction plan with the Treasurer
 - b. Assistance from a local help agency
 - c. Recent history of making regular payments
 - d. Sale or refinancing of the property

The Treasurer will assist delinquent taxpayers to develop a payment plan as part of the application process.

The law requires the Treasurer to review your income and allows the Treasurer to grant hardships to property owners whose household income is at or below the federal poverty income standards as defined and determined annually by the United States Office of Management and Budget.

<u>2020 Poverty Guidelines</u>	<u>Size of Family Unit</u>
1	\$ 12,490
2	\$ 16,910
3	\$ 21,330
4	\$ 25,750
5	\$ 30,170
6	\$ 34,590
7	\$ 39,010
8	\$ 43,430
For each additional person, add	\$ 4,420

However, the Grand Traverse County Treasurer will consider extenuating circumstances that may create financial hardship even if your income is higher than the federal standards. We are willing to discuss your individual situation with you as part of the application process.

Granting of financial hardship status shall be for only current year(s) pending foreclosure; it extends only the time to pay the amount due; additional expenses, interest, and penalties continue to accrue.

INSTRUCTIONS FOR
APPLICATION
ONE-YEAR HARDSHIP EXEMPTION
GRAND TRAVERSE COUNTY TREASURER
2019

The 2019 Application for One-Year Hardship Exemption has been designed to be in keeping with the requirements of the State of Michigan with regard to poverty exemptions. To be considered for a hardship exemption, the following information must be provided:

1. COMPLETE ALL SECTIONS OF THIS APPLICATION IN FULL; BE SURE TO SIGN THE APPLICATION.
2. Submit the most recently completed and signed copy of the following.

Michigan Income Tax Return, including Homestead Property Tax Credit Claim (MI 1040 CR)

Federal Income Tax Return (1040), if you are required to file federal income tax.

Federal Income Tax Return (1040) for all other occupants of your home.
3. If an occupant of your home is not employed but has income from another source, you must show the income in “Annual Income” on page 1 of your application. It must also be on page 3 under the “Estimated Household Income” section and included in Total Projected Household Income for this year.
4. If you completed the section on page one of the application indicating you have major or unusual out-of-pocket expenses, you must provide copies of documents verifying these expenses. This does not include everyday living expenses.
5. The application must be legible. If you need or want to provide additional information, please attach a separate sheet. If you need help preparing your application, please call us at (231) 922-4735.
6. Do not submit originals of supporting documentation as we must keep these for our records and cannot return them.
7. If the application is incomplete or you do not include copies of the required Financial Documents, you may be considered ineligible for a one-year hardship exemption.

PARCEL # _____

APPLICATION

APPLICATION FOR ONE-YEAR HARDSHIP EXEMPTION *CONFIDENTIAL* INFORMATION
GRAND TRAVERSE COUNTY TREASURER'S OFFICE

APPLICANT'S NAME _____ AGE _____

NAME OF SPOUSE or CO-OWNER (if applicable) _____ AGE _____

APPLICANT'S MAILING ADDRESS _____

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT _____

DO YOU CLAIM THIS PROPERTY AS YOUR HOMESTEAD (Principal Residence)? YES NO

TELEPHONE NUMBER _____

ARE YOU A MILITARY VETERAN? YES NO IS YOUR SPOUSE A MILITARY VETERAN? YES NO

EMPLOYMENT STATUS AND NAME OF EMPLOYER:

EMPLOYED		EMPLOYER		ARE YOU DISABLED?	
SELF	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SELF	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPOUSE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		SPOUSE	<input type="checkbox"/> YES <input type="checkbox"/> NO

NATURE OF DISABILITY _____

Please provide documentation of disability.

Do you have any MAJOR OR UNUSUAL OUT-OF-POCKET expenses? If yes, please list them below and provide verification.

TYPE OF EXPENSE	AMOUNT PER YEAR

LIST ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE:

	1	2	3	4
Name				
Age				
Relationship				
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

Attach additional sheet, if needed.

PROPERTY INFORMATION

Purchase Date: _____

Purchase Price: _____ (If purchased in last 3 years.)

If not, amount of monthly payment: _____

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

Do you own this property free and clear? () Yes () No

If yes, please explain: _____

Are the taxes included in payment? () Yes () No

ASSET INFORMATION

Do you have an ownership interest in any other real estate (including ownership via partnerships, corporation, etc.) In Michigan or anywhere else? () Yes () No If yes, please list (attach additional sheet if needed).

<u>Location</u>	<u>Value</u>	<u>Type of Use</u>	<u>Purchase Date</u>	<u>Purchase Price</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are your current assets in addition to real estate? (Do not include sheltered retirement plans such as IRA, 401(K), 403(B), Keogh, 457, annuities, or company pension programs.)

Cash \$ _____

Savings Accounts/Certificates & Money Markets \$ _____

Checking Accounts \$ _____

Stocks/Bonds/Treasury Bills \$ _____

Insurance – Cash Value \$ _____

Other \$ _____

Investments \$ _____

Personal Property held as an investment (i.e., gems, jewelry, coin collections, antique cars, etc.) \$ _____

Vehicles: Cars, Trucks, Boats, Trailers, etc.

Make	#1	#2	#3
Model			
Year			
Value			
Balance Owed			

INCOME INFORMATION

ESTIMATED HOUSEHOLD INCOME FOR THIS YEAR

SOURCE	AMOUNT PER YEAR
Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.	\$
Social Security/SSI Benefits Income	\$
Retirement Pension or Annuity Benefits (Includes Military Retirement Pay)	\$
Interest and/or Dividends Earned (includes non-taxable interest)	\$
Rent/Business or Royalty Income	\$
Disability Payments (Worker Comp, Veterans Disability, Pension Benefits)	\$
ADC, SFA, SDA, RAP/REP (Attach a copy of DSS Annual Statement)	\$
Alimony	\$
Child Support	\$
Unemployment Benefits	\$
Other Nontaxable Income (Military Family Allotments, College Scholarships, Grants, Fellowships, Etc.)	\$
Less Amount YOU PAY for Medical Insurance	\$ ()
YOUR TOTAL INCOME	\$
ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents) AS SHOWN ON FIRST PAGE OF APPLICATION	\$
TOTAL PROJECTED HOUSEHOLD INCOME FOR THIS YEAR	\$

Are you facing any special circumstances which make it hard to pay your delinquent taxes? Please describe (use an additional sheet if you need to).

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED IN MY APPLICATION FOR HARDSHIP IS TRUE.

YOUR SIGNATURE: _____

SPOUSE OR CO-OWNER'S SIGNATURE: _____

DATE: _____