

**2017 OREGON TOWNSHIP HARDSHIP APPLICATION**  
**2525 Marathon Road, Lapeer, Michigan 48446**

**\* MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED \***

Date \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parcel Number: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

How long have you lived at this address \_\_\_\_\_

Do you own and occupy the property for which the reduction is requested?

Own: ( ) Yes ( ) No

Occupy: ( ) Yes ( ) No

Marital Status: \_\_\_\_\_

Employment Status: ( ) Employed Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

( ) Retired ( ) Unemployed ( ) Disabled-How Long: \_\_\_\_\_

Describe any disability or health problems of applicant:

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

Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Employment Status: ( ) Employed Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

( ) Retired ( ) Unemployed ( ) Disabled-How Long: \_\_\_\_\_

Describe any disability or health problems of applicant:

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

**Additional Owners and Occupants: (Attach additional sheet if necessary)**

**-List any names appearing on the title to the property-**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Does the applicant or any other owner or occupant have an ownership interest in any real estate other than the above property?**

Yes       No

**Does the applicant or any other owner or occupant use this property for business purposes?**

Yes       No

**If yes, list all other real estate and/or businesses:**

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**When was the property purchased?**

\_\_\_\_\_

**What was the purchase price?**

\$ \_\_\_\_\_

**Is there a current mortgage or a land contract on the property?**

Yes     No

**If so, what is the monthly mortgage or land contract payment?**

\$ \_\_\_\_\_

With Taxes     Without Taxes

**What year did the current mortgage or land contract begin?**

\_\_\_\_\_

**When will the mortgage or land contract be paid off?**

\_\_\_\_\_

**What is the unpaid balance on the mortgage or land contract?**

\$ \_\_\_\_\_

**Are the taxes current?**

Yes     No

**Did you seek property tax relief for any years prior to this year?**

Yes     No

**If yes, list years:** \_\_\_\_\_

**Applicant and all other owners and occupants: (complete a page 3 for each)**

Please list all sources of personal income and indicate the amount from each source on an annual basis:

Name: \_\_\_\_\_

<b><u>Incomes:</u></b>	<b>Applicant</b>	<b>Spouse/Occupant/Other</b>
Wages	\$ _____	\$ _____
Pensions, Ira's, Annuities	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Workman's Compensation	\$ _____	\$ _____
Welfare Assistance – ADC	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Gifts (Cash, Other)	\$ _____	\$ _____
Reverse Mortgages	\$ _____	\$ _____
Other	\$ _____	\$ _____

**Current assets: (Please provide balances as of 12/31/2016)**

Cash/ Checking Account	\$ _____	\$ _____
Savings/Money Markets/CD's	\$ _____	\$ _____
Stocks/Bonds	\$ _____	\$ _____
Investments (Real & Personal)	\$ _____	\$ _____
Ira's, Annuities	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Campers, Vehicles, Boats, RV's	\$ _____	\$ _____
Farm Equipment/ATV's	\$ _____	\$ _____
Gifts/Cash/Other	\$ _____	\$ _____
Vehicles, Years and Model	_____	_____
	_____	_____
	_____	_____
~ Payment Amount	\$ _____	\$ _____

What is the TOTAL income, for all owners and occupants living in the household, for the past two (2) years:

Current Year Total      \$ \_\_\_\_\_

Last Year Total            \$ \_\_\_\_\_

Do you anticipate any major changes in income for the coming year?      ( ) Yes    ( ) No

If yes, please explain:

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**Applicant and all owners and occupants shall supply copies of:**

**Previous year's Federal and Michigan Income tax returns, including a filed Michigan Homestead Property Tax Credit Form and MI- 1040CR**

**\*\*If you were not required to file a federal or state income tax return, you must sign the attached Poverty Exemption Affidavit Form 4988.**

Do you anticipate selling the property for which relief is sought?      ( ) Yes    ( ) No

**Please explain any unusual circumstances which may surround the necessity of this Hardship Application.**

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**I have read this document in its entirety and sign this document of my own free will.**

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SPOUSE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OTHER OWNERS SIGNATURES:**

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

**DATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**(Attach additional Notary pages if necessary)**

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**The aforementioned, \_\_\_\_\_, being duly sworn, deposes and says that the statements made in the foregoing application are true.**

**STATE OF MICHIGAN, COUNTY OF LAPEER, TOWNSHIP OF OREGON**

**Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

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Signature of Notary Public

Expiration Date

**AUTHORIZATION TO VERIFY APPLICATION  
AND INSPECT PROPERTY**

**PLEASE READ CAREFULLY:**

**I am 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 Poverty Exemption Guidelines 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, or if property is sold within the year, 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.**

**I also authorize a representative of the Oregon Township Assessing Staff to physically inspect my property at some point during the course of this year to ensure accuracy of the property appraisal record card.**

**APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**SPOUSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**OTHER OWNERS SIGNATURES:**

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

**DATE: \_\_\_\_\_**  
**DATE: \_\_\_\_\_**  
**DATE: \_\_\_\_\_**  
**DATE: \_\_\_\_\_**

**Board of Review  
Township of Oregon  
Homestead Poverty Exemption Claim**

# WAIVER OF CONFIDENTIALITY

Parcel ID #: \_\_\_\_\_

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

I (we), \_\_\_\_\_, hereby consent of the examination of copies of my tax returns and related financial documents, including but not limited to those listed below, by the Township of Oregon Assessor and or designate agent and by the members of the Oregon Board of Review:

- Federal Income Tax Returns
- Michigan Income Tax Returns
- Senior Citizens Homestead Property Tax Form
- General Homestead Property Tax Claim Form
- Statements from Social Security Administration

Furthermore, I consent to the discussion of the information contained in my tax returns and related financial documents at a duly convened public meeting of the Township of Oregon 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 to Internal Revenue Code Section 6103, and/or any other federal, state or local statute or regulation.

I have read this document in its entirety and sign this document of my own free will.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER OWNERS SIGNATURES:

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

DATE: \_\_\_\_\_  
DATE: \_\_\_\_\_  
DATE: \_\_\_\_\_  
DATE: \_\_\_\_\_