

Letter / Appt

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_



Parcel No:

Name:

School District:

**2016**

# HARDSHIP EXEMPTION APPLICATION

## A. DEADLINE INFORMATION

**YOU MUST COMPLETE THIS APPLICATION IN FULL AND RETURN IT TO THE ASSESSING OFFICE**

BY: \_\_\_\_\_

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 WITH A LETTER OF AUTHORIZATION. IF YOU HAVE QUESTIONS REGARDING THIS APPLICATION, PLEASE CONTACT ROBIN/ASSESSING AT (586) 446-2347.

IF YOUR APPLICATION IS NOT TIMELY FILED AND COMPLETE OR DOES NOT INCLUDE THE NECESSARY COPIES OF THE INCOME AND TAX FORMS OUTLINED IN THE HARDSHIP EXEMPTION GUIDELINES, YOUR APPLICATION WILL BE INCOMPLETE AND WILL NOT BE CONSIDERED BY THE BOARD OF REVIEW.

## B. STATEMENT

I, \_\_\_\_\_ (print full name) being the legal 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 judgement 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:

Legal description:

## D. APPLICANT INFORMATION

Applicant name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M or F

Application prepared by (if different than property owner): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

**Email address if missing documents are needed:** \_\_\_\_\_

### Phone Numbers

Daytime: (\_\_\_\_) \_\_\_\_\_

Evening: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

**Current Marital Status**

**# of Years**

( ) Married ( ) Divorced ( ) Widowed ( ) Separated ( ) Single

\_\_\_\_\_

**Applicant Employment Status in 2015**

**Spouse Employment Status in 2015**

Your name: \_\_\_\_\_

Your spouse's name: \_\_\_\_\_

Your age: \_\_\_\_\_

Your spouse's age: \_\_\_\_\_

( ) Employed Full-time - **How long?** \_\_\_\_\_

( ) Employed Full-time - **How long?** \_\_\_\_\_

( ) Employed Part-time - **How long?** \_\_\_\_\_

( ) Employed Part-time - **How long?** \_\_\_\_\_

( ) Retired - **How long?** \_\_\_\_\_

( ) Retired - **How long?** \_\_\_\_\_

( ) Laid-off - **How long?** \_\_\_\_\_

( ) Laid-off - **How long?** \_\_\_\_\_

Possible return date \_\_\_\_\_

Possible return date \_\_\_\_\_

( ) Disabled

( ) Disabled

( ) Not working - How long \_\_\_\_\_

( ) Not working - How long \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Current or most recent employer \_\_\_\_\_

Current or most recent employer \_\_\_\_\_

Describe any disability or health problems:

Describe any disability or health problems:

**Change of Employment Status in 2016, if any**

**Explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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					
<b>2015</b> Income					
Student?	Yes No				
Briefly List any Significant Disabilities					

**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 mortgage payments? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the amount \$ \_\_\_\_\_

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 explain \_\_\_\_\_

Do you have any ownership in any **other** real estate? 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/Saving Accounts (Attach copy of most recent bank statements)	\$ _____
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** (paid for or not) including cars, trucks, and recreational vehicles i.e.: boats, motorcycles, R.V.'S, travel trailers, jet skis, snow mobiles, ATV's, etc.

**\*\*\*YOU MUST PROVIDE A COPY OF THE CURRENT REGISTRATION FOR EACH VEHICLE and a copy of each household members drivers licence. Anyone over 18 without a drivers license must provide a copy of a State, School or other source photo I.D.**

	MAKE & MODEL OF <b>ALL</b> VEHICLES USED BY YOUR FAMILY	YEAR MADE	YEAR BOUGHT OR LEASED	ENTIRE PURCHASE PRICE <b>OR</b> , if leased, payment per month
1				
2				
3				
4				
5				

**G. INCOME INFORMATION**

SOURCE of INCOME	APPLICANT	SPOUSE	<b>***PROVIDE COPIES</b>
<b>Please read this section carefully! Fill in \$ amounts and provide copies as indicated in the right column.</b>	<b>2015</b> Monthly Amount	<b>2015</b> Monthly Amount	Every person in household for ALL 2015 income:
Employment			2015 W-2
Social Security/SSI -			2015 Statement
Pension			2015 Statement
Unemployment/Workers Compensation			2015 Statement
General Assistance (FIA,ADC, Food Stamps)			2015 Statement
Child Support/Alimony			Declared on Income Tax
Family Support			Declared on Income Tax
Interest (taxable & non-taxable); Dividends			2015 Statement
Rental Income			Declared on Income Tax
Other income - please explain: _____			Declared on Income Tax

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 for **2016**. **PROVIDE a COPY of your MORTGAGE STATEMENT showing the CURRENT BALANCE and PRINCIPAL & INTEREST owed.**

House Payment (principal & interest)	per month
Association/Condo Fees	per month
Taxes on OTHER property you may own	per month
Special Assessments	per month
Home Insurance	per month
Car Payment 1 <sup>st</sup> car	per month
Car Payment 2 <sup>nd</sup> car	per month
Auto Insurance	per month
Health Insurance (include prescription coverage)	per month
Medical Bills (not covered by insurance)	per month
Prescriptions (not covered by insurance)	per month
Child Care/Day Care	per month
Cable	per month
Other, (please explain) _____ _____	per month

Mortgage/Land Contract Balance \$ \_\_\_\_\_ 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 hereby certify that the statements contained in this application are true to the best of my/our knowledge. I/We also understand that if the information contained herein is found to be false or incomplete, the City has the right to recover all of the property taxes exempted under this program for this and any prior years, with penalties and interest. The applicant also acknowledges that the City may bring legal action against the applicant to the fullest extent of the law for making any fraudulent statements contained within this application.**

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Date: \_\_\_\_\_

**IF A HARDSHIP EXEMPTION IS GRANTED, IT WILL BE IN EFFECT FOR THE CURRENT YEAR ONLY.**

**I/We have received and have read the Hardship Exemption Guidelines:**

Applicant Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

**NOTE:** Do not forget to provide, for **ALL** members of the household who earned **ANY** type of income in 2015, a copy of their 2015 Federal and Michigan Income Tax. Also, provide necessary copies as indicated on page 4 under **List ALL motor vehicles in household** and on page 4 under **\*\*\*PROVIDE COPIES**. If you have a mortgage, page 5 directs you to provide a copy of your mortgage statement showing the current balance and principal & interest payment. If you have an equity loan or personal loan, please provide statements showing the balance and principal & interest for those loans. A complete application is necessary to consider your Hardship Appeal.

**Please note the following requirements:**

- **The Hardship Application must be completed in its entirety. Each line must be filled in with the appropriate information or a dash is to be placed on the line if it does not apply.**
- **The applicant must provide a copy, not the original, of all of the required documents listed on the Hardship Application at the time of application.**
- **The Assessing Department will accept your application as submitted and it will be given to the Board of Review. If the above requirements are not met, this could result in the denial of your Hardship Application.**

**I have read the above information and understand that failure to provide the office of Assessing with a completed application and copies of the required documents could result in denial of my Hardship Application.**

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Spouse Signature)

\_\_\_\_\_  
(Date)

**Request for Transcript of Tax Return**

OMB No. 1545-1872

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. Dwayne McLachlan-City Assessor, City of Sterling Heights, 40555 Utica Road, Sterling Heights, MI 48313 (586) 446-2340	

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

12 / 31 / 2015	/ /	/ /	/ /
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**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

### Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
	816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	801-620-6922
	859-669-3592

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



**CAUTION** You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

## Checklist # 1

### INCOME OR BENEFITS RECEIVED FOR EACH HOUSEHOLD MEMBER

In the boxes below, write the names of you, your spouse and all household members.

Circle all sources of income for each person.

	YOU	SPOUSE	Household Member 1	Household Member 2	Household Member 3	Household Member 4
NAMES:	<input style="width: 100%;" type="text"/>					
Employment	Employment	Employment	Employment	Employment	Employment	Employment
Unemployment	Unemployment	Unemployment	Unemployment	Unemployment	Unemployment	Unemployment
Social Security	Social Security	Social Security	Social Security	Social Security	Social Security	Social Security
SSI	SSI	SSI	SSI	SSI	SSI	SSI
Food Stamps	Food Stamps	Food Stamps	Food Stamps	Food Stamps	Food Stamps	Food Stamps
Disability	Disability	Disability	Disability	Disability	Disability	Disability
Pension	Pension	Pension	Pension	Pension	Pension	Pension
Interest	Interest	Interest	Interest	Interest	Interest	Interest
IRA's or 401K's	IRA's or 401K's	IRA's or 401K's	IRA's or 401K's	IRA's or 401K's	IRA's or 401K's	IRA's or 401K's
Insurance Policy	Insurance Policy	Insurance Policy	Insurance Policy	Insurance Policy	Insurance Policy	Insurance Policy
Annuity	Annuity	Annuity	Annuity	Annuity	Annuity	Annuity
Rental Income	Rental Income	Rental Income	Rental Income	Rental Income	Rental Income	Rental Income
Other Income	Other Income	Other Income	Other Income	Other Income	Other Income	Other Income
No income	No income	No income	No income	No income	No income	No income

**If you need an additional page for more household members, please let us know.**

Note: You will also be asked to list household members and their income on the application itself.

## Checklist # 2

### EXPLANATION OF DOCUMENTS NEEDED TO PROCESS YOUR HARDSHIP APPLICATION

#### \* You must provide copies - for us to keep - of all documents you need to submit \*

Copies can be made at Kinko's, the Post Office or any other establishment with a copier.

If you cannot make your own copies, please provide a **VALID REASON** below and we will make copies for you.

Reason: \_\_\_\_\_

- Identification: Driver Licenses or other photo identification showing the property address:  
For each household member who is 16 yrs old or older. If a minor between age 16 or 17 does not drive nor work, photo identification is not needed.
- Registration: Motor vehicle registration must be provided for ALL vehicles at the property.
- Employment W-2 Statement for 2015. This is a statement provided by every employer:  
For each household member who was employed in 2015.
- Unemployment Unemployment Statement for 2015:  
For each household member who was previously employed but is now receiving unemployment benefits.
- Social Security / SSA 2015 Social Security Statement. This is a statement you get every year telling what benefits you received for the year:  
For each household member who received Social Security in 2015.
- SSI: 2015 SSI Statement. This is a cash benefit for age needy persons age 65 or older, blind or disabled:  
For each household member who received this benefit in 2015.
- Food Stamps or Cash Assistance 2015 Statement showing amount of Food Stamps or cash assistance received in 2015:  
For each household member who received this benefit in 2015.
- Disability 2015 Statement from employer **or** from SSI showing disability benefits paid in 2015:  
For each household member who received this benefit in 2015.
- Pension 2015 Pension Statement that shows how much money you received from your pension in 2015:  
For each household member who received income from a pension in 2015.

## EXPLANATION OF DOCUMENTS NEEDED TO PROCESS YOUR HARDSHIP APPLICATION - Page 2

Interest	2015 Statement of Interest for any interest earned from savings, C.D.'s, Stocks and Bonds, etc: For each household member who received income from interest in 2015.
IRA's or 401K's	2015 Statement of income received from an Individual Retirement Account or 401K: For each household member who received income from an IRA or 401K.
Insurance Policy	2015 Statement of cash value of policy
Annuity:	2015 Statement of any money received from an annuity for each household member receiving that income.
Rental Income:	Document showing amount of Rent Income received for 2015 from any source (house, business, etc.):
Federal Income Tax	2015 Federal Income Tax returns: For each household member who was working or received benefits in 2015. <b>Signed by the filer and the preparer</b> on all applicable pages. If not signed, it will not be accepted. *Note: Those who only receive Social Security benefits and no other source of income will not have Federal Tax
Michigan Income Tax	2015 Michigan Income Tax returns: For each household member who was working or received benefits in 2015. <b>Signed by the filer and the preparer</b> on all applicable pages. If not signed, it will not be accepted.
MI-1040CR	2015 Michigan Homestead Property Tax credit: Only homeowner will have this form in his/her Michigan Income Tax return
Mortgage Statement	2016 Statement showing the Loan Balance and Principal & Interest on your home.
Asset Information	Most recent 2016 bank statement(s) for checking and savings accounts for each household member.
4506-T	Federal Form 4506-T: Request for Transcript of Tax Return, <b>completed and signed.</b>

Continue to Checklist # 3

### Checklist # 3

**To make sure you have all documents needed to complete your application please use this checklist and bring it with you when you submit your application.**

\* A homeowner must have a Principal Residence Exemption to qualify \*

My Hardship Application is COMPLETELY filled out:----- Yes

I have made COPIES of all driver licenses or other photo identifications with property address for all household members other than non-working minors:----- Yes

**On Checklist # 1, I have circled all sources of income for each household member and have made COPIES of all statements needed as explained to me on Checklist # 2:-----** Yes

**If I have a mortgage on my house, I have provided a COPY of my Mortgage Statement showing the Loan Balance plus the Principal & Interest amounts due each month:-----** Yes

I have made COPIES of the 2015 Federal Income Tax Returns **AND** the 2015 Federal E-File Authorization for ALL household members who received income / benefits in 2015. These tax returns have been **signed by the filer and the preparer** on all applicable pages:----- Yes

I have completed and **signed** Federal Form 4506-T: Request for Transcript of Tax Return:----- Yes

I have made COPIES of **signed** 2015 Michigan Income Tax Returns **AND** the 2015 Michigan E-File Authorization for ALL household members who received income / benefits in 2015:----- Yes

I have provided a COPY of my 2015 Michigan Homestead Property Tax Credit Claim (MI-1040CR):----- Yes

I have provided a COPY of the Most recent 2016 bank statement(s) for checking and savings accounts for each household member.----- Yes

I understand that I may be asked to provide proof of ownership by Deed, Land Contract, etc. but do not need to provide it at this time:----- Yes

I understand my application for Hardship Exemption **will NOT be considered** if I do not provide a complete application along with **ALL** documents needed:----- Yes

**If you need help filling out your application, please have a friend, relative or tax preparer assist you.**