



## GROSSE ILE TOWNSHIP

9601 Groh Road  
Grosse Ile MI 48138  
Monday-Friday, 8am-5pm  
(734) 676-4422 phone  
(734) 692-9682 fax  
www.grosseile.com

# Application for Hardship Exemption

Name of Applicant \_\_\_\_\_

Parcel Identification Number \_\_\_\_\_

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

**Property Tax Relief**       **Water Services Relief**

This application must be completely filled out. A copy of all Federal and Michigan Income Tax Returns for the previous tax year for all persons residing in the homestead must be submitted to be considered for property tax relief by the Board of Review and/or relief approved by the Department of Public Services (water services/ paperwork due by April 30).

### **Guidelines for Applicants Requesting Consideration for Hardship Exemption**

In order to qualify for consideration of property tax relief by the Board of Review and/or relief approved by the Department of Public Services (water services), ALL of the following guidelines must be met:

#### **A) Income Guidelines: (Income guidelines are for all household residents)**

- a. Income includes: money, wages and salaries before any deductions;
- b. net receipts from nonfarm self-employment (these are receipts from a person's own business, professional enterprise, or partnership, after deductions for business expenses);
- c. regular payments from social security, railroad retirement, unemployment workers' compensation, veterans' payments, and public assistance;
- d. alimony, child support and military family allotments;
- e. private pensions, government pensions, and regular insurance or annuity payments;
- f. college or university scholarships, grants, fellowships, and assistantships;
- g. dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts and net gambling or lottery winnings.

An explanation will be required for all household members over the age of 18 years who are not listed as contributing to the household income.

- B) Application:** All applicants must complete the Application for Hardship Exemption from the Township Assessor's Office. The application may be filed with the Board of Review and/or the Dept. of Public Services in person, by appointment, in writing, or through an authorized agent for the property owner in writing.
- C) Residency:** All applicants must own and occupy as a homestead the property for which the exemption is being requested.
- D)** Under the Freedom of Information Act, all records submitted to the Board of Review are public records.
- E)** Public Act 390 requires that local assessing units make available to the public their policies and guidelines for the granting of hardship exemptions.
- F)** Homeowners with liquid assets (defined as anything readily converted to cash) in excess of \$57,000 shall not be eligible for a poverty exemption.
- G)** Applications may be reviewed by the Board of Review without you being present. However, the Board of Review may request that any applicant(s) or their representative is physically present to respond to any questions. This means that the applicant(s) or their representative may be called upon to appear at short notice. Information requested may include questions about financial affairs, health and the status of people living in the homestead. These questions must be answered before the Board of Review at a meeting, which is, open to and may be attended by the public.

**Applicants WILL NOT be eligible for consideration if they exceed ANY of the Grosse Ile Township Hardship Guidelines**



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## Grosse Ile Hardship Income Standards for 2014 Assessment Year

Number of Persons Residing in Homestead	Poverty Threshold
1 person	\$21,000
2 persons	\$23,000
3 persons	\$25,000
4 persons	\$27,000
5 persons	\$29,000
6 persons	\$31,590
7 persons	\$35,610
8 persons	\$39,630

**\* For each additional person add \$4,020**

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

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

Property Owner \_\_\_\_\_ Phone (Day) \_\_\_\_\_ Applicant's Age \_\_\_\_\_

Marital Status  Married  Single  Separated  Divorced  Widow/Widower

List all persons currently living in your household: Include Name, Relationship and Employment status of each person and/or dependent in the household. (Use back if more room is necessary)

NAME	RELATIONSHIP	EMPLOYMENT STATUS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Employer \_\_\_\_\_ Occupation of Applicant \_\_\_\_\_

Employer's Address \_\_\_\_\_

Applicant's Employment Status  Part Time  Retired  Disabled  
 Unemployed How Long? \_\_\_\_\_  Laid Off How Long? \_\_\_\_\_

If unemployed, state the reason \_\_\_\_\_

If laid off, state circumstances \_\_\_\_\_

If disabled, explain income received and all sources \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

Do you apply for the Homestead Property Tax Credit? (Michigan 1040CR)  Yes  No

Is your home paid in full?  Yes  No If not, what is the balance owed as of 12/31/2013? \_\_\_\_\_

What is your monthly payment? \_\_\_\_\_ Is it an escrow account?  Yes  No

Mortgage Company \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_



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Are you and/or your spouse sole owner of property for which relief is requested?  Yes  No

If not, list the names of the owners \_\_\_\_\_

In the last three (3) years, have you remodeled or made any improvements to your property?  Yes  No

If yes, what improvements? \_\_\_\_\_

Are your property taxes currently paid?  Yes  No

Do you have an ownership interest in any real estate other than the above property?  Yes  No

If yes, Please list the other properties you own

What is the income derived from the properties? \_\_\_\_\_

List all assets owned and/or controlled by you, your spouse or occupants of the household and their value (use back of form if necessary)

Type of Asset	Value	Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Homeowners with liquid assets** (defined as anything readily converted to cash) **in excess of \$57,000 shall not be eligible for a poverty exemption.**

Household Vehicles (Indicate Model & Year)	Owned or Leased?	If Owned, is vehicle Paid in Full?	Balance Remaining	Monthly Lease Payment
_____	<input type="radio"/> Owned <input type="radio"/> Leased	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
_____	<input type="radio"/> Owned <input type="radio"/> Leased	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
_____	<input type="radio"/> Owned <input type="radio"/> Leased	<input type="radio"/> Yes <input type="radio"/> No	_____	_____

**Savings and Investments:** List all savings owned by you or your spouse or occupants of household including savings accounts, postal savings, credit union shares, certificates of deposits, cash, stocks, bonds or similar investments. (use the back if more room is necessary)

Name of Financial Institution or Investment	Amount on Deposit	Value of Investment
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Dividend and Interest Income:** List all savings bonds stocks, IRA's, Deferred Compensation, annuities, mortgages and/or land contracts owned by your or your spouse (use the back or attach a sheet if more room is necessary)

Company	Current Value	Payments Received
_____	_____	_____
_____	_____	_____

**Insurance Policies:** List all insurance policies held by you or your household. (use the back or attach a sheet if more room is necessary)

Insured	Face Amount	Monthly Premium
_____	_____	_____
_____	_____	_____



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Is there any further information that you wish to have the Board of Review consider?

**A copy of ALL 2013 Income Tax Returns for ALL household members MUST accompany this application.**

**IMPORTANT NOTICE**

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

**PLEASE READ CAREFULLY**

I/We am/are 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 of the Michigan Compiled Laws. I/We declare that the statements made by this application 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, 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 in accordance with Section 211.19 of the Michigan Compiled Laws.

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Spouse's Signature

**THIS APPLICATION MUST BE RETURNED TO:**

Grosse Ile Township Offices  
2014 Board of Review  
Administration/Assessor's Office  
9601 Groh / PO Box 300  
Grosse Ile MI 48138

**FOR BOARD OF REVIEW USE ONLY**

**Disposition by 2014 Board of Review**

Date \_\_\_\_\_  Denied  Reduce to \$ \_\_\_\_\_

Board Members

Board Members

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

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

**\* Attached Board of Review Petition per state guidelines**