



One-Year Financial Hardship Extension from Tax Foreclosure Policy

The Washtenaw County Treasurer does not request information on immigration status when answering questions or providing services

Hardship Extensions are designed to delay foreclosure deadlines by one year for owners who are working actively 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 about assets and expenses you may have.
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. We can also refer you to expert, confidential budget counseling at no cost to you.

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). However, the Washtenaw County Treasurer will consider extenuating circumstances that may create a financial hardship even if your income is higher than the federal standards. Withholding the property from the foreclosure petition is the sole judgment of the County Treasurer. 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.



Catherine McClary, CPFO, CPFIM
Washtenaw County Treasurer
Taxes@eWashtenaw.org 734-222-6600



**INSTRUCTIONS FOR
APPLICATION
ONE-YEAR HARDSHIP EXEMPTION
WASHTENAW COUNTY TREASURER**



The 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 a completed and signed copy of the following:**
 - Most recent Michigan Income Tax Return, including Homestead Property Tax Credit Claim (MI 1040 CR)**

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

 - Most recent 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.**

- 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.**

APPLICATION

PARCEL I.D. _____

**APPLICATION FOR ONE-YEAR HARDSHIP EXEMPTION *CONFIDENTIAL INFORMATION*
WASHTENAW 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 _____

EMAIL ADDRESS _____

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

EMPLOYMENT STATUS AND NAME OF EMPLOYER:

ARE YOU DISABLED?

SELF	EMPLOYED		FULL TIME PART TIME	EMPLOYER
	YES	NO		
SPOUSE	YES	NO	FULL TIME PART TIME	

SELF	YES	NO
SPOUSE	YES	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	Yes No	Yes No	Yes No	Yes No

Attach additional sheet, if needed.

PROPERTY INFORMATION

Purchase Date: _____ **Purchase Price:** _____ (if purchased in last 3 years)

Do you own this property free and clear? Yes No **Have any improvements, changes, or additions been made to the property in the last two (2) years?** Yes No
If not, amount of monthly payment: _____ **If yes, please explain:** _____

Are the taxes included in payment? Yes No _____

Name of Lender: _____

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 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	\$

Please use a separate piece of paper to (1) describe any special circumstances which make it hard to pay your delinquent taxes and (2) explain how you plan to catch up (for example, monthly payments of a certain amount, sale of the property, sale of other assets, etc.).

BUDGET COUNSELING

We encourage all taxpayers requesting a hardship extension to attend individual or family debt/budget counseling. We work with community budget counselors who provide expert help at no cost to the individual. They will help you develop a payment strategy to address your delinquent taxes, credit card debt, mortgage payments, and other debt or credit problems. Their services are confidential and we do not receive a copy of any of the information that you might provide to them or any advice that they might provide to you, unless you decide to sign a release of information.

Please ask us for a referral.

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

YOUR SIGNATURE: _____

SPOUSE OR CO-OWNER'S SIGNATURE: _____

DATE: _____

Use the space below to: describe your plan to pay the delinquent taxes, and describe any special circumstances which make it hard to pay your delinquent taxes.