



## **One-Year Financial Hardship Extension from Tax Foreclosure Policy & Application**

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 for businesses that are the primary source of the owner's income.

The person requesting an extension must hold title to the property or represent the estate if the owner is deceased.

### **The application must include:**

- 1. Proof of income** - pay stubs, Social Security statement, W2, or other income statement
- 2. A plan for payment.** Use the space provided at the end of the application to describe your plan to resolve the delinquent taxes. Plans may include one or more of the following:
  - a. Regular payments or recent history of making regular payments
  - b. Assistance from a local help agency
  - c. 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 hardship extensions. 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 this 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@Washtenaw.org 734-222-6600

**APPLICATION**

PARCEL I.D. \_\_\_\_\_

*All information provided will be kept confidential*

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 PRINCIPAL RESIDENCE?     YES     NO

TELEPHONE NUMBER \_\_\_\_\_ ALTERNATE CONTACT \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ ALT PHONE \_\_\_\_\_

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

EMPLOYMENT STATUS AND NAME OF EMPLOYER:

ARE YOU DISABLED?

EMPLOYED		EMPLOYER	
SELF	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> FULL TIME <input type="radio"/> PART TIME	
SPOUSE	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> FULL TIME <input type="radio"/> PART TIME	

SELF	<input type="radio"/> YES <input type="radio"/> NO
SPOUSE	<input type="radio"/> YES <input type="radio"/> NO

NATURE OF DISABILITY \_\_\_\_\_

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

TYPE OF EXPENSE	AMOUNT PER YEAR

LIST ALL PEOPLE LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE (IF THIS IS YOUR RESIDENCE):

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed As Dependent	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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 yes, please explain: \_\_\_\_\_

If not, amount of monthly payment: \_\_\_\_\_

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>Address</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 \$ \_\_\_\_\_
- Checking Accounts \$ \_\_\_\_\_
- Stocks/Bonds/Treasury Bills \$ \_\_\_\_\_
- Insurance – Cash Value \$ \_\_\_\_\_
- Other Assets \$ \_\_\_\_\_
- 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
Year			
Monthly Payment			

**INCOME INFORMATION**

**ESTIMATED HOUSEHOLD INCOME FOR THIS YEAR**

<b>SOURCE</b>	<b>AMOUNT PER YEAR</b>
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)	\$
DHHS Benefits (Bridge card, etc)	\$
Alimony	\$
Child Support	\$
Unemployment Benefits	\$
Other Nontaxable Income (Military Family Allotments, College Scholarships, Grants, Fellowships, Etc.)	\$
Less Amount YOU PAY for Medical Insurance	\$ (                    )
<b>YOUR TOTAL INCOME</b>	
<b>ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents) AS SHOWN ON FIRST PAGE OF APPLICATION</b>	\$
<b>TOTAL PROJECTED HOUSEHOLD INCOME FOR THIS YEAR</b>	\$

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**PLEASE INCLUDE A COPY OF YOUR MOST RECENT INCOME STATEMENT (PAY STUBS, SOCIAL SECURITY STATEMENT, W-2, ETC).**

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

**BUDGET COUNSELING**

You can get free, confidential debt and budget counseling from an expert, independent of the Treasurer's office.  
**Please ask us for a referral.**

**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:**