

# Hardship Application Saline Township 2020

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

Name of Spouse \_\_\_\_\_

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

Is this your Homestead?  Yes  No

Daytime Phone \_\_\_\_\_

## **Employment Status**

Applicant  Employed  No Employer \_\_\_\_\_

Spouse  Employed  No Employer \_\_\_\_\_

Are you legally disabled? If disabled please provide documentation.

Applicant  Yes  No

Spouse  Yes  No

Are there any MAJOR or UNUSUAL Out-of-pocket expenses?  Yes  No

If so, please list below and provide verification

Type \_\_\_\_\_ \$ Amount per year \_\_\_\_\_

Type \_\_\_\_\_ \$ Amount per year \_\_\_\_\_

## **List all others living in the household**

Name \_\_\_\_\_

Age \_\_\_\_\_

Relationship \_\_\_\_\_

Occupation \_\_\_\_\_

Income \_\_\_\_\_

Dependant? \_\_\_\_\_

2/19/20

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Application Saline Township.doc

**Real Property Information**

Purchase Date \_\_\_\_\_

Purchase Price \_\_\_\_\_

Have you financed this purchase? [  ] Yes [  ] No Monthly Payment \_\_\_\_\_

Are property taxes included with the payment? [  ] Yes [  ] No

Are the Property Taxes Current? [  ] Yes [  ] No

If no, outstanding amount \$ \_\_\_\_\_

Have you made any improvements within the past two (2) years? [  ] Yes [  ] No

If yes, what were they

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**Asset Information**

Do have ownership interest in any Real Estate other than the requested hardship?

[  ] Yes [  ] No

If yes, identify said Real Estate

What are your assets other than real estate?

Cash \$ \_\_\_\_\_

Savings/Checking Account(s) \$ \_\_\_\_\_

Certificates of Deposit \$ \_\_\_\_\_

Stocks, Bonds, T-Bills \$ \_\_\_\_\_

Other Investments \$ \_\_\_\_\_

Misc. (Stamps, Coins, other) \$ \_\_\_\_\_

**Vehicles**

Make \_\_\_\_\_

Model \_\_\_\_\_

Year \_\_\_\_\_

Lease? \_\_\_\_\_

Balance owed? \_\_\_\_\_

**2020 Estimated Household Income**

Wages, Tips, Sub Pay Strike Pay Other \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Retirement, Pension, Annuity \$ \_\_\_\_\_

Interest /Dividends of all types \$ \_\_\_\_\_

Rent/Business Income \$ \_\_\_\_\_

Disability of any type \$ \_\_\_\_\_

ADC, SFA, SDA, RAP/REP \$ \_\_\_\_\_

Alimony/ Child Support \$ \_\_\_\_\_ Attach a copy of DSS statement

Unemployment \$ \_\_\_\_\_

Other non-taxable income \$ \_\_\_\_\_

What you pay for Medical Insurance \$( \_\_\_\_\_ )

Your Total Income less Insurance \$ \_\_\_\_\_

All other household income \$ \_\_\_\_\_

Total Household Income \$ \_\_\_\_\_

**For BOR Use Only**

Parcel Number R -18-\_\_\_\_-\_\_\_\_-\_\_\_\_

2020 Assessed Value \$ \_\_\_\_\_

Income X \_\_\_\_\_ = Non-refundable Taxes \$ \_\_\_\_\_

Other Notes:

Recommended 2020 BOR Decision: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_, 2020

2/19/20

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## Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

**INSTRUCTIONS:** When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

I, \_\_\_\_\_, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence:

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\_\_\_\_\_  
Signature of Person Making Affidavit

\_\_\_\_\_  
Date

5102 (Rev. 01-19)

**B. Federal Poverty Guidelines Used in the Determination of Poverty Exemptions for 2020**

MCL 211.7u, which deals with poverty exemptions, was significantly altered by PA 390 of 1994 and was further amended by PA 620 of 2002.

Local governing bodies are required to adopt guidelines that set income levels for their poverty exemption guidelines and those income levels **shall not be set lower** by a city or township than the federal poverty guidelines updated annually by the U.S. Department of Health and Human Services. This means, for example, that the income level for a household of 3 persons **shall not** be set lower than \$21,330 which is the amount shown on the following chart for a family of 3 persons. The income level for a family of 3 persons may be set higher than \$21,330. Following are the federal poverty guidelines for use in setting poverty exemption guidelines for 2020 assessments:

Page 2 <b>Size of Family Unit</b>	<b>Poverty Guidelines</b>
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
For each additional person	\$4,420