

**INSTRUCTIONS FOR HARDSHIP REDUCTION
MANCHESTER TOWNSHIP**

The following information must be provided to be eligible for a hardship reduction:

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:**
 - 2005 Michigan Homestead Property Tax Credit Claim (MI 1040 CR)**
 - 2005 Federal Income Tax Return (1040), if you are required to file federal income tax.**
 - 2005 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 “2005 Household Income” section.**
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 documentation of everyday living expenses.**
5. **The application must be legible. If you need or want to provide additional information, please attach a separate sheet.**
6. **Please do not submit originals of supporting documentation; we cannot return them.**
7. **If the application is incomplete or you do not include copies of the required financial documents, ie: Federal Income Tax Forms; you will be ineligible for a hardship reduction.**

YEAR 2006

PARCEL I.D. _____

APPEAL NO. _____

APPLICATION FOR ONE YEAR HARDSHIP REDUCTION CONFIDENTIAL INFORMATION
MANCHESTER TOWNSHIP ASSESSOR'S OFFICE

APPLICANT'S NAME _____ AGE _____

NAME OF SPOUSE (if applicable) _____ AGE _____

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT _____

DO YOU CLAIM THIS PROPERTY AS YOUR HOMESTEAD (Primary Residence)? () YES () NO

TELEPHONE NUMBER _____

EMPLOYMENT STATE AND NAME OF EMPLOYER:

ARE YOU DISABLED?

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

SELF	() YES () NO
SPOUSE	() YES () NO

NATURE 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)

If not, amount of monthly payment: _____

Have any improvements, changes, or additions been made to the property in the last two (2) years? () Yes () No
If yes, please explain: _____

Do you own this property free and clear? () Yes () No

Are the taxes included in payment? () Yes () No

Are property taxes current? () Yes () No

If not, amount past due _____

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?

Cash \$ _____

Savings Accounts/Certificates & Money Markets \$ _____

Checking Accounts \$ _____

Stocks/Bonds/Treasury Bills \$ _____

Insurance \$ _____

Other \$ _____

Investments \$ _____

IRA, Keogh Annuities, Deferred Compensation \$ _____

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			
Balanced Owed			

INCOME INFORMATION

2005 HOUSEHOLD INCOME

SOURCE	AMOUNT PER YEAR
Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.	\$
Social Security/SSI	\$
Retirement Pension or Annuity Benefits (Includes Military Retirement Pay)	\$
Interest and/or Dividends (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 HOUSEHOLD INCOME FOR 2005	\$

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

SIGNED: _____

FOR OFFICE USE ONLY

2006 Assessed Value _____

Income x _____ % = Non-refundable Taxes _____

			Rate		Minimum A.V.
Senior:	Non-Refundable + 1200 =	_____	-	_____	= _____
All Other:	Non-Refundable + 1200 =	_____	-	_____	= _____

Income _____ Estimated Net Tax _____ % of Income _____

Comments: _____

2005 B/R Recommendations/Decisions _____