



County of Allegan

Office of the Treasurer
Sally L. Brooks, Treasurer

APPLICATION FOR ONE YEAR FINANCIAL HARDSHIP DEFERRAL

Property ID Number: _____

Property Address: _____

Current State Equalized Value: _____ Current Taxable Value _____

Homestead Status: _____

IMPORTANT: It is necessary that you fill out this application as carefully as you can. When meeting with the Treasurer, please have supporting information such as proof of income, State & Federal tax forms, contract, mortgage receipts, tax receipts, bankbooks, and other documents necessary to present your case.

NOTE: Any person making a false petition shall be guilty of the crime of perjury, and shall be punished accordingly.
It would be unusual for the Treasurer to grant an extension when a previously granted extension has not resulted in redemption.

Name of Applicant: _____

Mailing Address: _____

Phone Number: Home _____ Cell _____

LIST ALL PERSONS LIVING IN HOUSEHOLD:

LAST NAME/FIRST NAME	AGE	RELATIONSHIP TO CLAIMANT	PLACE OF EMPLOYMENT	CONTRIBUTION TO FAMILY INCOME

REAL ESTATE:

This property is Vacant land _____ My Principal Residence _____ Years lived here _____

Do you own, or are you buying any other property? _____ If so, list below:

Property Address	Assessed Value	Yearly Taxes	Income Earned

EXTENUATING CIRCUMSTANCES:

If there are special conditions or circumstances you'd like considered, please list here and continue on back:

INCOME: List all income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensation, dividends, claims and judgments from lawsuits, alimony, child support and any other source.

Source of Income	Monthly Income
Employment	
Social Security	
Assistance	
Homestead Property Tax Credit	
Other:	
TOTAL MONTHLY INCOME	

NOTE: When meeting with the Treasurer the applicant must provide proof of income, your latest State and Federal Income Tax forms, your Homestead Property tax Credit Claim (MI-1040CR), and any other documents necessary to present your case.

ASSETS

LIABILITIES

		Monthly payment	Balance Owed
Cash on hand \$ _____	Mortgage \$ _____		\$ _____
Checking Acct _____	Property Taxes _____		_____
Savings Account _____	Automobile _____		_____
Savings Bonds _____	Automobile _____		_____
Stocks/Securities _____	Credit Cards _____		_____
Home _____	Credit Cards _____		_____
Automobile _____	Electric _____		_____
Automobile _____	Heat _____		_____
Furniture/Household			
Items: _____	Other (list): _____		_____
Retirement/IRA _____	_____		_____
Other Assets over \$1,000 in value (list)	_____		_____
	_____		_____
	_____		_____

.....

The statements made in the foregoing application and my (our) financial status as stated above is true and correct and to the best of my (our) knowledge and belief.

I (we) understand that this Deferral in no way exempts me from paying the tax, penalties, interest and fees, but only **delays Foreclosure for one year** to allow extra time for payment.

Furthermore, I agree to make periodic payments on my tax obligation until paid in full. My plan for repayment of the Delinquent Tax dollars owed is as follows (include time line and dollars involved):

I understand that failure to redeem forfeiture taxes during this period will result in Foreclosure and the title of the property passing to the Allegan County Treasurer.

Dated: _____

Applicant Signature

Applicant Signature

For Treasurer's Use Only

APPROVED BY: _____

Allegan County Treasurer

Date: _____