

**COHOCTAH TOWNSHIP
Hardship Exemption Application**

INCOME INFORMATION

Please list all sources of your personal income. Please indicate the amount from each source on an annual basis.

Wages, salaries, tips, sick, strike and sub-pay, etc. \$ _____

All interest and dividend income (including non taxable interest) \$ _____

Net rent, business or royalty income \$ _____

Retirement pension and annuity benefits \$ _____
Name of Payer _____

Net farm income \$ _____

Capital gains less capital losses \$ _____

Alimony and other taxable income \$ _____

Social security, SSI or railroad retirement income \$ _____

Child support \$ _____

Unemployment compensation, veteran's disability compensation \$ _____

ADC and GA benefits \$ _____

All other public assistance payments \$ _____

Describe _____

Other non-taxable income \$ _____

TOTAL INCOME \$ _____

What was the total income from all sources of everyone living in your household for the past two years?

Last Year _____ Prior Year _____

Do you anticipate any major changes in income for the coming year? _____

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EXPENSE INFORMATION

Average Monthly Expenses:

Rent/House Payment (principal & interest)	\$	_____
Life Insurance	\$	_____
Health Insurance	\$	_____
Home Insurance	\$	_____
Auto Insurance	\$	_____
Property Taxes (Principal Residence)	\$	_____
Property Taxes (other properties)	\$	_____
Special Assessments	\$	_____
Car Payment	\$	_____
Utilities	\$	_____
Gas/Oil	\$	_____
Electricity	\$	_____
Telephone	\$	_____
Child Care	\$	_____
Medical Expenses (not covered by insurance)	\$	_____
Groceries	\$	_____
Other Loans	\$	_____
Lawn Care/Snow Removal	\$	_____
Cable/Satellite	\$	_____
Credit Card #1	\$	_____
Credit Card #2	\$	_____
Other (specify)	\$	_____

Do you have any major or unusual expenses? ___ Yes ___ No

If yes, please explain: _____

(Attach additional sheets if necessary)

NOTE: VERIFICATION OF EXPENSES IS REQUIRED

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ASSET INFORMATION

What are your current assets in addition to the real estate noted previously?

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 (gems, jewelry, coin collection, antique cars, etc.)	\$ _____

Vehicles, Cars, Trucks, Boats, Trailers, Recreational Vehicles, etc.

MAKE	#1	#2	#3
MODEL			
YEAR			
VALUE			
BALANCE OWED			

LOAN DEBT

Do you have other loans or land contracts outstanding? (Attach additional sheet if necessary)

TO WHOM		TO WHOM	
ADDRESS		ADDRESS	
MONTHLY PAYMENT		MONTHLY PAYMENT	
CURRENT BALANCE		CURRENT BALANCE	

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RESIDENT STATUS

Please list all people currently living in your household other than yourself and spouse.

	1	2	3
NAME			
AGE			
RELATIONSHIP			
OCCUPATION			
ANNUAL INCOME			
CLAIMED AS A DEPENDENT?	Yes () No ()	Yes () No ()	Yes () No ()

NOTE: Attach a copy of your most recent (immediately preceding year) Michigan Income Tax Return with all attachments including the MI-1040CR.

PLEASE READ CAREFULLY

I/We am/are unable to pay the full property taxes on the above-described property and hereby make application for tax relief in accordance with Section 211.7u Michigan Compiled Laws. I/We have read this application and fully understand the contents thereof. I/We declare that the statements made herein are complete, true and correct to the best of my/our knowledge. I/We further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest on the additional tax liability in accordance with Section 211.119 Michigan Compiled Laws.

Petitioner's Signature _____

Spouse's Signature _____

Subscribed and sworn by me this _____ day of _____, 20_____.

Notary Public

Livingston County, Michigan

My commission expires _____/_____/_____