

*Office of the Jackson County Treasurer  
Karen A. Coffman, Treasurer*

**Application for Financial Hardship Deferral**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Other Adult Occupant Name \_\_\_\_\_ Age \_\_\_\_\_

Names & Ages of Dependents \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Other Adult Occupant's Employer's Name & Address \_\_\_\_\_

**Monthly Income: Please Complete the Following:**

	Monthly Income From Employer	Monthly Income From Social Security	Monthly Income from SSI	Other Monthly Income (please include source)	TOTAL
YOU	\$	\$	\$	\$	\$
OTHER OCCUPANT	\$	\$	\$	\$	\$

**Financial Statement: Please Complete the Following:**

Assets	Value of Asset	Liabilities	Monthly Payment	Total Owed
Cash on Hand	\$	Mortgage/Land Contract	\$	\$
Checking Account	\$	Credit Cards (ALL)	\$	\$
Savings Account	\$	Automobile	\$	\$
Savings Bond	\$	Automobile	\$	\$
Stock & Securities	\$	Property Taxes	\$	\$
Home	\$	Medical Bills	\$	\$
Life Insurance Cash Value	\$	Dental Bills	\$	\$
Automobile	\$	Other (list)	\$	\$
Automobile	\$	Other (list)	\$	\$
Furniture/Household Items	\$	Other (list)	\$	\$
Boat/RV/Motorcycle	\$	Other (list)	\$	\$
Retirement, 401(k), IRA	\$	Other (list)	\$	\$
Assets greater than \$1,000	\$	Other (list)	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTALS</b>	<b>\$</b>	<b>\$</b>

The above statements are true to the best of my knowledge and belief and are made for the purpose of obtaining Hardship Deferral on my homestead property for delinquent real property taxes. I understand that this does not relinquish my obligation to pay delinquent taxes.

**RETURN TO COUNTY TREASURER ON OR BEFORE JANUARY 20, 2010 @ 10:00 am**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Return Application to Jackson County Treasurer, 120 West Michigan, Jackson, MI 49201

Parcel I.D. Number \_\_\_\_\_

**Checklist To Establish Financial Hardship  
Administrative Hearing January 20, 2010**

- |    |   |     |    |
|----|---|-----|----|
| 1. | Are you the legal property owner of the property? | YES | NO |
| 2. | Do you live at the property address?              | YES | NO |
| 3. | Is the property assessed as your homestead?       | YES | NO |

**IF YOU ANSWERED "YES" TO ALL OF THE THREE QUESTIONS ABOVE, PLEASE CONTINUE**

The property owner must complete the Application for Financial Hardship in full and attach the following:

- \_\_\_\_\_ Michigan Driver's License or other acceptable photo identification
- \_\_\_\_\_ Evidence of ownership of property (deed, land contract)
- \_\_\_\_\_ Federal Income Tax Return for 2008 (1040 or 1040A)
- \_\_\_\_\_ State Income Tax Return for 2008 (MI1040)
- \_\_\_\_\_ Homestead Property Tax Claim (MI1040CR)

If your hardship is based upon a medical/physical/mental condition, also attach:

- \_\_\_\_\_ Doctor's Slip
  - \_\_\_\_\_ Diagnosis
  - \_\_\_\_\_ Prognosis
  - \_\_\_\_\_ Length of Illness
  - \_\_\_\_\_ Nature of Disability due to illness
    - o \_\_\_\_\_ When to return to work

<u>Financial Hardship Guidelines**</u>	
<u>Number in Family</u>	<u>Gross Yearly Income</u>
1	\$ 10,830.00
2	\$ 14,570.00
3	\$ 18,310.00
4	\$ 22,050.00
5	\$ 25,790.00
6	\$ 29,530.00
Add \$3,740 for each additional family member	
**Guidelines based upon 2009 HHS Poverty Guidelines, <i>Federal Register</i> , Vol. 74, No. 14, January 23, 2009, pp. 4199-4201	