

**GRASS LAKE CHARTER TOWNSHIP ASSESSOR'S OFFICE
APPLICATION FOR HARDSHIP REDUCTION**

TAX YEAR _____

CONFIDENTIAL INFORMATION

NAME OF APPLICANT _____ AGE (if 62 or older) _____

NAME OF SPOUSE _____ AGE (if 62 or older) _____

PARCEL I.D. _____ CONTACT PHONE # _____

PARCEL STREET ADDRESS: _____

DO YOU CLAIM THIS PROPERTY AS YOUR PRINCIPLE RESIDENCE? () YES () NO

EMPLOYMENT			
SELF	() YES () NO	() FT () PT	
SPOUSE	() YES () NO	() FT () PT	

ARE YOU DISABLED?	
SELF	YES () NO
SPOUSE	YES () NO

NAME & CONTACT FOR EMPLOYER

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 the last 3 years)

Do you own this property free and clear? () YES () NO

Have any improvements, changes, or additions been made to the property in the last two (2) years? () YES () NO

If not, amount of monthly payment: _____

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 partnership, corporation, etc.) in Michigan or anywhere else? () YES () NO
If yes, please list (attach additional sheet if needed).

Location		Value		Type of Use		Purchase Date		Purchase Price	

Please list all assets in addition to real estate:

Cash \$ _____

Savings Accounts \$ _____

Stocks/Bonds/Treasury Bills \$ _____

Insurance \$ _____

Other \$ _____

Investments \$ _____

IRA, Keogh Annuities, Deferred Compensation \$ _____

Personal property held as an investment (i.e., gems, jewelry, coin collection, antique cars, etc.) \$ _____

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

	#1	#2	#3
Make			
Model			
Year			
Value			
Balance Owed			

INCOME INFORMATION

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)	\$
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 20__	

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

Signed

Date