

DUE: MARCH 19, 2018

City of Southgate Hardship Application Policies

1. Must **OWN** and **OCCUPY** the property for which an exemption is being requested as the principle residence.
2. File a claim with the board of review on the application provided by the local assessing unit. The application must be accompanied by federal and state income tax returns along with a copy of the most recent social security statement (if applicable), for **ALL** persons residing in the homestead, including any property tax credit returns (MI-1040CR), filed in the immediately preceding year or in the current year.
3. The application for an exemption under this section shall be filed after January 1 but before 5 days prior to the last day of the board of review.
4. Produce a valid driver's license or other form of identification if requested by the supervisor or board of review.
5. Produce a deed, land contract, or other evidence of ownership of the property for which an exemption is requested if required by the supervisor or the board of review.
6. Produce bank statements for checking, savings, CDs, stocks or bonds if required by the board of review.
7. Meet the federal poverty income standards as defined and determined annually by the United States Office of Management and Budget.
8. Applicant shall not have ownership interest in any real estate other than their homestead.
9. Income other than salaries, social security, pensions such as, but not limited to, interest and dividend income in excess of \$2,000.00 shall disqualify applicant from a poverty exemption.
Based on individual financial and personal circumstances, each appeal is given foremost consideration. The State of Michigan Homestead Credit (MI-1040CR) refund is always used in determining qualification.
10. **PLEASE BE AWARE THAT AS AN APPLICANT FOR HARDSHIP EXEMPTION YOU MUST ALSO COMPLY WITH THE FOLLOWING SECTION OF THE MICHIGAN COMPILED LAWS:**
Section 211.118: Perjury: Any person, who, under any of the proceedings required or permitted by this act shall willfully swear falsely, will be guilty of perjury and subject to its penalties.
11. Any additional information to be presented to the Board must be **in writing** and attached to the petition.
12. An explanation will be required for all household members over the age of 18 who are not cited as contributing to the household income.
13. **FAILURE TO COMPLETE ALL AREAS OF THIS APPLICATION MAY RESULT IN A DENIAL OF THE HARDSHIP EXEMPTION.**
14. **UNDER THE FREEDOM OF INFORMATION ACT ALL RECORDS SUBMITTED TO THE BOARD OF REVIEW ARE PUBLIC RECORD.**
15. PA 390 requires that the Assessor's Office make their policies and guidelines available to the public.

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2018 City of Southgate Poverty Guidelines

Size of Family Unit	Poverty Guidelines/Annual
1	\$13,520
2	\$18,200
3	\$22,880
4	\$27,560
5	\$32,240
6	\$36,920
7	\$41,600
8	\$46,280
For Each Additional Person, add	\$3,600

APPLICATION FOR ONE YEAR HARDSHIP REDUCTION

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A completed copy of your Federal and Michigan 1040 tax returns
MUST BE ATTACHED along with MI Homestead Property Tax Credit Form MI-1040CR.

Property Address _____ Parcel No. 53 - _____
 Name of Property Owner _____ Age _____
 Phone No. _____ Employer _____

List other occupants in the home, star (*) those that are dependents

Name _____ Age _____
 Employer _____ Relationship _____
 Name _____ Age _____
 Employer _____ Relationship _____

PROPERTY INFORMATION

Do you own this property free and clear? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any taxes now due? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any other property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list location of property(s)
Have you ever received a hardship exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what years?

EXTRAORDINARY EXPENSES: Medical, etc.

To Whom	For What	Date of Debt	Monthly Payment	Balance

BANK ACCOUNTS AND SAVINGS

ALL accounts owned by you, your spouse and your dependents

Name of Bank or Credit Union	Name on the Account	Amount on Deposit

STOCKS, BONDS OR LAND CONTRACTS

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Owner(s) Name	Current Value	Dividends and/or Interest Received

INCOME DECLARATION: YOURSELF AND ALL OTHER OCCUPANTS IN HOME

SOURCE	PROPERTY OWNER		OTHER OCCUPANTS	
	<i>Per Month</i>	<i>Per Year</i>	<i>Per Month</i>	<i>Per Year</i>
WAGES BEFORE DEDUCTIONS				
RENTAL INCOME				
SOCIAL SECURITY, SSI (include copy of Social Security statement)				
STOCK DIVIDEND/CAPITAL GAINS				
ONE TIME UNEARNED INCOME				
ALIMONY				
CHILD SUPPORT				
UNEMPLOYMENT BENEFITS				
PUBLIC ASSISTANCE PAYMENTS:				
ADC				
UTILITY PAYMENTS				
FOOD PAYMENTS				
INTEREST FROM SAVINGS				
DISABILITY WORKER'S COMP				
PENSION, ANNUITY PAYMENTS				
ARMED FORCES RETIREMENT				
SUPPORT FROM AN ABSENT FAMILY MEMBER OR SOMEONE NOT LIVING IN THE HOME				
OTHER				
<i>TOTAL INCOME</i>				

PLEASE READ CAREFULLY:

I/we are unable to pay the full property taxes on the aforementioned property and hereby make application for property tax relief in accordance with section 211.7u of the Michigan Compiled Laws. I/we declare that the statements made by this application 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 occurring on the additional tax liability in accordance with section 211.119 of the Michigan Compiled Laws

Taxpayer/Owner Signature _____ Spouse's Signature _____