

Supervisor's Initials

HARDSHIP APPLICANT CHECKLIST

You must provide 2017 Federal and Michigan tax returns for all persons living in the household.

2017 FEDERAL INCOME TAX RETURN

2017 STATE OF MICHIGAN INCOME TAX RETURN

2017 MI-1040CR HOMESTEAD PROPERTY TAX CREDIT FORM

SOCIAL SECURITY ADMINISTRATION STATEMENT OF MONIES RECEIVED

COMPLETED & SIGNED APPLICATION

Applicant Signature _____

Date _____

MILFORD TOWNSHIP POVERTY EXEMPTION APPLICATION

CONFIDENTIAL INFORMATION

2018

Name: _____

Phone Number (Home): _____ (Work): _____

Address and Parcel Number of Property to be Exempted:

Address: _____

Parcel #: _____

Legal Ownership/Title Held By:

(All persons, firms, corporations, etc. who hold an interest in above)

Marital Status:

Married: Single: Divorced: Separated: Widowed:

Are you Disabled:

No: Yes:

Describe: _____

Date of Birth: _____

Age: _____

Real Estate Information:

Is the above property paid in full? _____

If NO, balance owed: _____

To Whom: _____

Monthly Payment (Principal & Interest Only): _____

How long have you lived at this address: _____

Do you own, are buying, or have interest in other property? _____

Address of Property: _____

Date Purchased/Acquired: _____ Purchase Price: _____

Estimated Current Value: _____

Co-Owner and Address: _____

Please attach additional pages that contain information for property in which you hold interest.

Is any portion of the referenced property used for business purposes? _____

If yes, please provide the following:

Business Name: _____

Business Owner: _____

Nature of Business: _____

Income for Business: _____

ASSET LISTING

Please list all assets owned or controlled by you and their value.

- Cash (Checking Accounts) _____
- Savings Account(s) _____
- Certificates of Deposit _____
- Money Market Accounts _____
- Stocks _____
- Bonds _____
- Treasury Bills _____
- Insurance _____
- IRA _____
- Keogh Annuities _____
- Deferred Compensation _____
- Vested Retirement Plans _____
- Antiques _____
- Automobiles _____
- Trucks _____
- Trailers _____
- Boats _____
- Recreational Vehicles _____
- Other _____

TOTAL VALUE _____

Comments/Details: _____

AVERAGE MONTHLY EXPENSES

(previous year)

Rent/House Payment (P & I Only)	_____
Life Insurance	_____
Health Insurance	_____
Home Insurance	_____
Auto Insurance	_____
Taxes (Homestead)	_____
Taxes (Other Property)	_____
Special Assessments	_____
Utilities:	
Gas and Oil	_____
Electricity	_____
Telephone	_____
Water & Sewer	_____
Child Care	_____
Food/Groceries	_____
Clothing	_____
Other Loans	_____
Non-Reimbursed Medical	_____
Lawn Care/Snow Removal	_____
Cable	_____
Other (Specify) _____	_____
_____	_____
_____	_____
TOTAL EXPENSES	_____

(Verification of expenses may be required)

Below, please list all persons who "domiciled" in the homestead during the last calendar year and the amount of time in the referenced homestead. Complete the following information for each individual who considered this his/her domicile. (Attach additional sheets as necessary) The word 'domicile' is used in this application as follows:

*"That place to which an individual considers to be his/her residence.
It is the place in which you plan to return whenever you go away."*

Residents:

Name: _____	Name: _____
Age: _____	Age: _____
Relationship: _____	Relationship: _____
Occupation: _____	Occupation: _____
Annual Income: _____	Annual Income: _____
Period of Time in Domicile: _____	Period of Time in Domicile: _____

Dependents Claimed by Applicant:

Name: _____	Name: _____
Age: _____	Age: _____
Relationship: _____	Relationship: _____
Occupation: _____	Occupation: _____
Annual Income: _____	Annual Income: _____

Other persons domiciled in the homestead:

Names: _____
Names: _____
Names: _____

Contributors of Support:

Person/Organization: _____
Amount (indicate weekly, monthly, annually) _____

Person/Organization: _____
Amount (indicate weekly, monthly, annually) _____

Person/Organization: _____
Amount (indicate weekly, monthly, annually) _____

Please list all sources of public assistance you received during the last calendar year.

Source: _____	Source: _____
Amount: _____	Amount: _____

INCOME SOURCES

Amount received from each source of annual personal income for the past year

Wages, Salaries, Tips	_____
Strike and sub-pay	_____
Interest & Dividend Income	_____
Gross Rent from Business	_____
Royalty Income	_____
Retirement Pension	_____
Annuity Benefits	_____
Farm Income	_____
Capital Gains	_____
Alimony	_____
Social Security, SSI, Railroad	_____
Child Support	_____
Unemployment Compensation	_____
TRA Benefits	_____
Workers Compensation	_____
Veterans Disability Compensation	_____
Aid to Dependent Children (ADC)	_____
GA Benefits	_____
All Public Assistance Payments	_____
All Other Taxable Income	_____
All Othe Non-Taxable Income	_____
Reverse Mortgage	_____
Other (Specify	_____
TOTAL INCOME	_____

Please list total income from all sources of everyone domiciled at your homestead for the following calendar years:

2016 _____ 2017 _____

Please relate any other information regarding your circumstances that you would like to bring to the attention of the Board of Review. Use other side of form if necessary.

Certification by Applicant for Poverty Application

I/We am/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 the statements made herein are complete, true and correct to the best of my/our knowledge. I/We further understand 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. I/We further understand that any willful misstatements or misrepresentations made on this form may constitute perjury which, under law, is a felony and punishable by fine and/or imprisonment.



Signature of Applicant

Phone: _____

Signature of Applicant

Phone: _____

Dated: _____

**OAKLAND COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**2009 INCOME LIMITS
ESTABLISHED BY THE U.S. DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT
(Effective 3.10.2009)**

PERSONS PER HOUSEHOLD	EXTREMELY LOW INCOME		VERY LOW INCOME		LOW INCOME	
		30 %		50 %		80 %
1	14,900		24,850		39,750	
2	17,050		28,400		45,450	
3	19,150		31,950		51,100	
4	21,300		35,500		56,800	
5	23,000		38,350		61,350	
6	24,700		41,200		65,900	
7	26,400		44,000		70,450	
8	28,100		46,850		75,000	