



## ISABELLA COUNTY TREASURER'S OFFICE

### Application for Financial Hardship Deferral

Parcel ID# \_\_\_\_\_

Taxpayer Name: \_\_\_\_\_ Age \_\_\_\_\_

Name of spouse/Co-Owner: \_\_\_\_\_ Age \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Do you claim this property as your Homestead (Principal Residence Exemption)? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Is your spouse a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you qualify as a Disabled Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you apply for a poverty exemption with your township/city? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: Date applied \_\_\_\_\_ Was the exemption Granted \_\_\_\_\_ Denied \_\_\_\_\_

If Granted, please supply a copy of the application.

#### **Employment:**

Applicant: Are you Employed? Yes \_\_\_\_ No \_\_\_\_ Employer \_\_\_\_\_  
Part Time ( ) Full Time ( ) Annual Income: \_\_\_\_\_

Co-Applicant: Are you Employed? Yes \_\_\_\_ No \_\_\_\_ Employer \_\_\_\_\_  
Part Time ( ) Full Time ( ) Annual Income: \_\_\_\_\_

Do either of you receive the following as income: Amount Per Year:

Social Security Benefits	\$
Retirement Pension, Annuity or Military Benefits	\$
Disability Benefits, worker comp, Veterans	\$
Department of Human Services	\$
Alimony	\$
Child Support	\$
Unemployment Benefits	\$
Rental, Business or Other income	\$

Total Monthly Income \$ \_\_\_\_\_

If there are special conditions/circumstances which should be considered, please indicate below.

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LIST ALL PERSONS LIVING IN THE HOME OTHER THAN YOU OR YOUR SPOUSE/CO-OWNER.

	1	2	3	4	5
Name					
Age					
Relationship					
Employed					
Annual Income					
Claim as Dependent	Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )	Yes ( ) No ( )

Attach additional sheet if needed

When meeting with the Treasurer the applicant must provide proof of income, last year's income tax forms, the Financial Statement below, and any other documents necessary to present your case.

### **Financial Statement - Statement of Condition as of Today's Date**

<b><u>Assets</u></b>		<b><u>Liabilities</u></b>		
			Monthly Payment	Total Owed
Cash on Hand	\$ _____			
Checking Account	\$ _____	Credit Cards	\$ _____	_____
Savings Account	\$ _____	Automobile	\$ _____	_____
Savings Bonds	\$ _____	Automobile	\$ _____	_____
Stock & Security	\$ _____	Property Taxes	\$ _____	_____
Home	\$ _____	Mortgage	\$ _____	_____
Cash Value Life Ins.	\$ _____	Other (list)	\$ _____	_____
Automobile	\$ _____		\$ _____	_____
Automobile	\$ _____		\$ _____	_____
Boat	\$ _____		\$ _____	_____
Retirement, Ira, 401(K)	\$ _____			

The above statements are true to the best of my knowledge and belief and are made for the purpose of obtaining a Financial Hardship Extension from Foreclosure on my homestead property for Delinquent Real Property Taxes. I understand I can be prosecuted for fraud if I intentionally make a false or misleading statement, conceal or withhold facts for the purpose of establishing my property's eligibility.

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Applicant's Signature

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Date

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Spouse or Co-Owner's Signature

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Date

Return this application and any supporting documents to:  
Isabella County Treasurer's office  
200 N. Main St.  
Mt. Pleasant MI 48858

OR IN PERSON TO: 510 W. PICKARD ST. MT PLEASANT, MI 48858

If you have any questions, please call: (989) 317-4091