



CLARE COUNTY TREASURER'S OFFICE  
JENNY BEEMER-FRITZINGER, TREASURER

FINANCIAL HARDSHIP APPLICATION FOR  
ONE-YEAR EXTENSION FROM FORECLOSURE  
2017 TAXES

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

**GENERAL INFORMATION:**

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

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

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

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

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you claim this property as your Homestead (Principal Residence)? YES ( ) NO ( )

Are you in bankruptcy? YES ( ) NO ( )

**VETERAN:**

Are you a Veteran? YES ( ) NO ( ) Is your spouse a Veteran? YES ( ) NO ( )

Widow/Widower of a Veteran? YES ( ) NO ( ) Do you qualify as a Disabled Veteran? YES ( ) NO ( )

**EMPLOYMENT AND INCOME INFORMATION:**

<b>Applicant</b>	Employed? Yes ( ) No ( )	Employer
	Part Time ( ) Full Time ( )	
	Are you disabled? Yes ( ) No ( )	Annual Income:

<b>Spouse or Co-Applicant</b>	Employed? Yes ( ) No ( )	Employer
	Part Time ( ) Full Time ( )	
	Are you disabled? Yes ( ) No ( )	Annual Income:

**Nature of Disability:** (Please provide documentation of disability.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you apply for a poverty exemption with your township/city? YES ( ) NO ( )

If Yes: Application Date: \_\_\_\_\_ Was the exemption: Granted ( ) Denied ( )

If the hardship was granted, please attach a copy to this application.

**LIST ALL PERSONS LIVING IN THE HOME OTHER THAN YOU OR YOUR SPOUSE (Co-Owners Home also):**

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

(Attach additional sheet if needed.)

**PROPERTY INFORMATION/HOUSING EXPENSES**

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

If not, amount of monthly payment: \_\_\_\_\_ in the last two (2) years? Yes ( ) No ( )

Are the taxes included in payment? Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_

**ASSET INFORMATION**

Do you have an ownership interest in any other real estate (including ownership via partnerships, 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

**What are your assets in addition to real estate?** (Do not include sheltered retirement plans such as IRA, 401(K), 403(B), Keogh, 457, annuities, or company pension programs.)

Cash \$ \_\_\_\_\_  
 Savings, CD's & Money Markets \$ \_\_\_\_\_  
 Checking Accounts \$ \_\_\_\_\_  
 Stocks/Bonds/Treasury Bills \$ \_\_\_\_\_  
 Insurance - Cash Value \$ \_\_\_\_\_  
 Other Investments \$ \_\_\_\_\_  
 Personal Property held as an investment \$ \_\_\_\_\_  
 (i.e., gems, jewelry, coin collections, antique cars, etc.)

**VEHICLES:** Cars, Trucks, Boats, Trailers, Jet Skis, Motorcycles, Snowmobiles, RV's, etc.

Make	#1	#2	#3	#4	#5
Model					
Year					
Value	\$	\$	\$	\$	\$
Balance Owed	\$	\$	\$	\$	\$

**INCOME INFORMATION**

Estimated Household Income For This Year	Amount Per Year
SOURCE:	
Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.	\$
Social Security/SSI Benefits Income	\$
Retirement Pension or Annuity Benefits (Includes Military Retirement Pay)	\$
Interest and/or Dividends Earned (includes non-taxable interest)	\$
Rent/Business or Royalty Income	\$
Disability Payments (Worker Comp, Veterans Disability, Pension Benefits)	\$
Department of Human Services (Bridge Card, WIC, Medicaid)	\$
Alimony	\$
Child Support	\$
Unemployment Benefits	\$
Other Nontaxable Income (Military Family Allotments, College Scholarships, Grants, Fellowships, Etc...)	\$
Less Amount <b>YOU PAY</b> for Medical Insurance (Deduct this amount)	\$ (                      )
<b>Applicant's TOTAL INCOME</b>	\$
ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents) AS SHOWN ON FIRST PAGE OF APPLICATION	\$
<b>TOTAL Projected Household Income for this year</b>	<b>\$</b>

UNIQUE OR UNUSUAL CIRCUMSTANCES WHICH SHOULD BE CONSIDERED:

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-owners Signature

\_\_\_\_\_  
Date

Return this Application and supporting documents to:

Clare County Treasurer  
Jenny Beemer-Fritzing  
P.O. Box 564  
Harrison, MI 48625

If you have any questions, please call  
(989) 539-7801