



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

FINANCIAL HARDSHIP APPLICATION FOR
ONE-YEAR EXTENSION FROM FORECLOSURE
2018 TAXES

Parcel ID # _____

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GENERAL INFORMATION:

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:

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

Spouse or Co-Applicant	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 ()	Yes () No ()	Yes () No ()	Yes () No ()	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 YOU PAY for Medical Insurance (Deduct this amount)	\$ ()
Applicant's TOTAL INCOME	\$
ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents) AS SHOWN ON FIRST PAGE OF APPLICATION	\$
TOTAL Projected Household Income for this year	\$

UNIQUE OR UNUSUAL CIRCUMSTANCES WHICH SHOULD BE CONSIDERED:

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