

**INSTRUCTIONS FOR HARDSHIP REDUCTION
PITTSFIELD CHARTER TOWNSHIP
UTILITIES DEPARTMENT**

The 2018 Application for One Year Hardship Reduction reflects the Washtenaw County 2017 City and Township Poverty Exemption Guidelines.

To be considered for a hardship reduction, the following information must be provided:

- 1** COMPLETE ALL SECTIONS OF THIS APPLICATION IN FULL; BE SURE TO SIGN THE APPLICATION.
- 2** Submit a completed and signed copy of the following:
 - a. 2017 Michigan Homestead Property Tax Credit Claim (MI 1040 CR)
 - b. 2017 Federal Income Tax Return (1040), if you are required to file federal income tax.
 - c. 2017 Federal Income Tax Return (1040) for all other occupants of your home.
- 3** If an occupant of your home is not employed but has income from another source, you must show the income in “Annual Income” on page 1 of your application. It must also be on page 3 under the “2017 Estimated Household Income” section and included in Total Projected Household Income for 2017.
- 4** If you completed the section on page one of the application indicating you have major or unusual out-of-pocket expenses, you must provide copies of documents verifying these expenses. This does not include everyday living expenses.
- 5** The application must be legible. If you need or want to provide additional information, please attach a separate sheet; do not write in the margins of the application.
- 6** Do not submit originals of supporting documentation as we must keep these for our records and cannot return them.
- 7** If the application is incomplete or you do not include copies of the required financial documents, it may be considered ineligible for a hardship reduction.

Hardship Application Requirements

Below is a listing of items required for Hardship Applications:

1. Hardship Application (attached.)
2. Homestead Exemption (Income producing properties do not qualify.)
3. Proof that Property Taxes are paid current or a homestead tax deferral.
4. Statements from all lien holders that the property is not subject to any pending or threatened foreclosure actions and no mortgage or other encumbrance creating a lien against the property is in default.
5. Copy of Tax returns and W2's for the last two years, unless the applicant/occupant has been in the program the year prior. Then just one year will be required, **OR** if applicable,
 - a. Copy of Social Security Statement (Form 1099) and/or Social Security Benefit Statement for the current year, **OR** if applicable,
 - b. Unemployment Compensation (Form 1099.)
6. Unemployment Benefit Statement.
7. Long Term Disability Statement.
8. Completed Financial Worksheet (attached.)
9. Name(s), mailing addresses and type of interest (i.e. fee simple, life estate) of all persons who have an ownership interest in the subject property.
10. Most recent copy of all last bank statements (savings, checking, IRA accounts, etc.)
11. Notice of Interest Liability (attached.)
12. Two most current pay stubs.
13. Child support order
14. Denial of Food Stamps and Medicaid
15. Copies of Medical Bills

Year: 2018

Account # _____

Appeal No. _____

**APPLICATION FOR ONE YEAR HARDSHIP REDUCTION CONFIDENTIAL INFORMATION
PITTSFIELD CHARTER TOWNSHIP
UTILITIES DEPARTMENT**

APPLICANT'S NAME _____ AGE _____

NAME OF SPOUSE (if applicable) _____ AGE _____

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT _____

DO YOU CLAIM THIS PROPERTY AS YOUR HOMESTEAD (Primary Residence)? YES NO

TELEPHONE NUMBER _____

EMPLOYMENT STATE AND NAME OF EMPLOYER:

	EMPLOYED	EMPLOYER	
SELF	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	
SPOUSE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	

	ARE YOU DISABLED?
SELF	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPOUSE	<input type="checkbox"/> YES <input type="checkbox"/> NO

NATURE OF DISABILITY _____

Please provide documentation of disability.

Do you have any **MAJOR OR UNUSUAL OUT-OF-POCKET EXPENSES?** If yes, please list them below and provide verification.

TYPE OF EXPENSE	AMOUNT PER YEAR

LIST ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed As Dependent	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Attach additional sheet, if needed.

PROPERTY INFORMATION

Do you own this property free and clear? YES NO

- Amount of monthly mortgage payment: _____
- Are the taxes included in payment? YES NO

Are you a tenant of this property? YES NO

- Amount of monthly rent payment? _____

Are property taxes current? YES NO

If not, amount past due _____

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.)

<u>Location</u>	<u>Value</u>	<u>Type of Use</u>	<u>Purchase Date</u>	<u>Purchase Price</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are your assets in addition to real estate?

Cash	\$ _____
Savings Accounts/Certificates & Money Markets	\$ _____
Checking Accounts	\$ _____
Stocks/Bonds/Treasury Bills	\$ _____
Insurance - Cash Value	\$ _____
Other	\$ _____
Investments	\$ _____
IRA, Keogh Annuities, Deferred Compensation	\$ _____
Personal Property held as an investment (i.e., gems, jewelry, coin collections, antique cars, etc.)	\$ _____

Vehicles: Cars, Trucks, Boats, Trailers, etc.

Make	#1	#2	#3	#4
Model				
Year				
Value				
Balance Owed				

INCOME INFORMATION

2018 ESTIMATED HOUSEHOLD INCOME

SOURCE	AMOUNT PER YEAR
Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc.	\$
Social Security/SSI	\$
Retirement Pension or Annuity Benefits (Includes Military Retirement Pay)	\$
Interest and/or Dividends (includes non-taxable interest)	\$
Rent/Business or Royalty Income	\$
Disability Payments (Worker Comp, Veterans Disability, Pension Benefits)	\$
ADC, SFA, SDA, RAP/REP (Attach a copy of DSS Annual Statement)	\$
Alimony	\$
Child Support	\$
Unemployment Benefits	\$
Other Nontaxable Income (Military Family Allotments, College Scholarships, Grants, Fellowships, etc.)	\$
Less Amount YOU PAY for Medical Insurance	\$
YOUR TOTAL INCOME	\$
ADD INCOME FOR ALL MEMEBERS OF HOUSEHOLD (not claimed as dependents) AS SHOWN ON FIRST PAGE OF APPLICATION	\$
TOTAL PROJECTED HOUSEHOLD INCOME FOR 2017	\$

ADDITIONAL QUESTIONS AND REQUIREMENTS

Have you filed for assistance with this Utility bill through Michigan Department of Human Services or any other utility assistance agency?

YES NO

If yes, are you currently receiving assistance?

YES NO

Have you recently received a shut off notice from the Pittsfield Township Utilities?

YES NO

Do you currently have a payment arrangement on file for your utility bill?

YES NO

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED IN MY APPLICATION FOR HARDSHIP EXEMPTION IS TRUE.

SIGNED: _____

FOR OFFICE USE ONLY

Current Balance Outstanding

- Water _____
- Sewer _____
- Rubbish _____

How long has the account been outstanding? _____

What is the quarterly average bill? _____

Was anything rolled to taxes in 2016? _____

Did they receive a hardship reduction for the previous year? YES NO

- If yes, what was the amount? _____

Account History Attached

Comments: _____

