

APPLICATION FOR FINANCIAL HARDSHIP DEFERRAL

Name _____ age _____

Name _____ age _____

Address _____

City _____ Zip _____

Ages of Dependents _____ Phone ____ - ____ - ____

Parcel ID# ____ - ____ - ____ - ____

EMPLOYMENT:

MONTHLY INCOME:

Company _____

Address _____

Social Security (not your S.S. # – just the amount you receive monthly)

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Assistance (example: DHS for food stamps, etc.)

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Other Income List: (example: child support, etc.)

TOTAL MONTHLY INCOME _____

When meeting with the Treasurer you must provide proof of income, last two (2) years of State & Federal tax forms, the Financial Statement below, and any other documents necessary to present your case. *If there are special conditions or circumstances you would like considered, please list on the back of the application or send additional pages.*

FINANCIAL STATEMENT – STATEMENT OF CONDITION AS OF TODAY’S DATE

ASSETS		LIABILITIES	MONTHLY PAYMENT	TOTAL OWED
CASH ON HAND	\$	MORTGAGE	\$	
CHECKING ACCOUNT	\$	CREDIT CARDS	\$	
SAVINGS ACCOUNT	\$	AUTOMOBILE	\$	
SAVINGS BONDS	\$	AUTOMOBILE	\$	
STOCKS & SECURITIES	\$	PROPERTY TAXES	\$	
HOME	\$	LAND CONTRACT	\$	
			\$	
CASH VALUE LIFE INS.	\$	ELECTRICITY		
AUTOMOBILE	\$	HEAT	\$	
AUTOMOBILE	\$	PHONE	\$	
FURNITURE/HOUSEHOLD ITEMS	\$	INTERNET	\$	
RECREATIONAL VEHICLES	\$			
		TOTALS	\$	\$

Retirement, IRA, 401(k)

Other Assets > \$1,000 in value (list)

Net Worth : \$ _____ (total assets – total liabilities = net worth)

Total Assets: \$ _____ = Total Liabilities & Net Worth \$ _____

The above statements are true to the best of my knowledge and belief and are made for the purpose of obtaining a Hardship Deferral on my homestead property for Delinquent Real Property Taxes.

Signature

Date

Signature

Date

Return Application to:

Financial Hardship Deferral Application

Ionia County Treasurer's Office

100 Main Street, Ionia, MI 48846

Questions? Call (616) 527-5329