

**Lawrence Rocca**  
**Office of Macomb County Treasurer**  
**Application for Financial Hardship Deferral**

Parcel (Property ID) Number: \_\_\_\_\_

Name \_\_\_\_\_ (Age) \_\_\_\_\_  
 (Please print)  
 Name \_\_\_\_\_ (Age) \_\_\_\_\_  
 (Please print)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Relative, address/phone: \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Ages of Dependents: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Describe your property: (circle one) Primary residence Secondary Other: \_\_\_\_\_  
 If applicable, current mortgage company: loan number: Address & Phone number: \_\_\_\_\_  
 \_\_\_\_\_  
 Is the property for sale? (Circle one)  Yes  No If yes, list realtor name, address and phone number: \_\_\_\_\_

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip/Phone No: \_\_\_\_\_  
 Wages: (monthly/weekly) \$ \_\_\_\_\_  
 Social Security/SSI Amount: \$ \_\_\_\_\_  
 DHS Assistance: \$ \_\_\_\_\_  
 All other income and source: \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME:**  
 \$ \_\_\_\_\_

**Financial Statement – Statement of Condition as of today’s date**

<u>Assets</u>	<u>Liabilities</u>	Monthly Payment	Total Owed
Cash on Hand \$ _____	Mortgage \$ _____	\$ _____	_____
Checking Account \$ _____	Credit Cards \$ _____	\$ _____	_____
Savings Account \$ _____	Automobile \$ _____	\$ _____	_____
Savings Bonds \$ _____	Automobile \$ _____	\$ _____	_____
Stock & Securities \$ _____	Property taxes \$ _____	\$ _____	_____
Home Value \$ _____	Medical \$ _____	\$ _____	_____
Cash Value Life Ins \$ _____	Insurance \$ _____	\$ _____	_____
Automobile 1 \$ _____	Utilities \$ _____	\$ _____	_____
Automobile 2 \$ _____	Other (list) \$ _____	\$ _____	_____
Boat/RV \$ _____	<b>Total</b>		
Retirement, 401(K) \$ _____	<b>Liabilities: \$ _____</b>		
Other Assets \$ _____			

**Total Assets: \$ \_\_\_\_\_**

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. I acknowledge I owe the taxes, interest and fees and that I have received notice of the tax foreclosure lawsuit and will lose my interest in this property if the taxes are not redeemed.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**The applicant must provide the following:** (our office cannot make copies)

- Proof of Income – Last paystub, State Aid or Social Security (verification)**
- 2 years State/Federal Tax Returns (1<sup>ST</sup> and 2<sup>ND</sup> page only)**
- Copy of your Driver’s License**
- Utility Bill and/or other documents necessary to present your case**
- Must agree to complete Michigan State University Extension, Tax Foreclosure Prevention Counseling call 586-469-6430 to schedule a meeting.**

Please forward the completed application along with the proposed payment worksheet (Section 3) and a copy of the above documents to: MACOMB COUNTY TREASURER, 1 SOUTH MAIN ST 2ND FLOOR, MOUNT CLEMENS, MI 48043 or send via email to [propertytaxpaymentplans@macombgov.org](mailto:propertytaxpaymentplans@macombgov.org) For questions call 586.469.6770 www.treasurer.macombgov.org Revised 10.14.20

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**APPLICATION FOR FINANCIAL HARDSHIP DEFERRAL TIERS 1, 2 & 3**

**CONFIDENTIAL INFORMATION**

Parcel I.D. \_\_\_\_\_

**PROPERTY INFORMATION**

Purchase Date: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ ( if purchased in

Do you own this property free and clear?    Yes    No

Have any improvements, changes, or additions been made to the property in the last two (2) years?    Yes    No

If not, amount of monthly payment: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are the taxes included in payment?    Yes    No

Name of Lender: \_\_\_\_\_

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 on the last page the address, purchase date, & purchase price. )

Location

Value

Type of Use

Purchase Date

Purchase Price

**EMPLOYMENT STATUS AND NAME OF EMPLOYER:**

**ARE YOU DISABLED?**

SELF	EMPLOYED		FULL TIME PART TIME	EMPLOYER
	YES	NO		
SPOUSE	YES	NO	FULL TIME PART TIME	

SELF	YES	NO
SPOUSE	YES	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	Yes    No	Yes    No	Yes    No	Yes    No

**INCOME INFORMATION**

**ESTIMATED HOUSEHOLD INCOME FOR THIS YEAR**

SOURCE	AMOUNT PER YEAR
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)	\$ _____
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, etc.)	\$ _____
Less Amount YOU PAY for Medical Insurance	\$ ( _____ )
<b>YOUR TOTAL INCOME</b>	\$ _____
<b>ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents)</b>	\$ _____
<b>TOTAL PROJECTED HOUSEHOLD INCOME FOR THIS YEAR</b>	\$ _____

**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 Accounts/Certificates & 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, etc.**

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

**Section 3**

**Proposed Payment Worksheet (ALL TIERS)**

Please use the space below to (1) describe any special circumstances which make it hard to pay your delinquent taxes and (2) explain how you plan to catch up (for example monthly payments, sale of property, sale of assets, etc.).

2018 and prior tax year balance due: \_\_\_\_\_

Amount available for down payment: \_\_\_\_\_

Proposed monthly payment: \_\_\_\_\_

Other payment sources: \_\_\_\_\_

The applicant must provide documentation to support the application. This includes, but is not limited to:

- Most recent Michigan Income Tax Return, including Homestead Property Tax Credit
- Most recent Federal Income Tax Return
- Most recent Federal Income Tax Return for all occupants of your home
- A copy of your drivers license or photo id, if you do not have a photo id card please submit a copy of your current utility bill with your name and property address to verify occupancy.
- Other documents as requested by the Treasurer's Office.

Applicants must agree to complete a Michigan State University Extension, Tax Foreclosure Prevention Counseling session, and must call 586-469-6430 to schedule.

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED IN MY APPLICATION FOR HARDSHIP EXTENSION IS TRUE AND MADE FOR THE PURPOSE OF OBTAINING A HARDSHIP EXTENSION. I ACKNOWLEDGE THAT I OWE THE TAXES, INTEREST, AND FEES. I ACKNOWLEDGE THAT ALL HARSHIP REQUESTS ARE SUBJECT TO VERIFICATION AND APPROVAL.

**Your Signature:**

**Spouse or Co-Owner's Signature:**

**Date:**