

**Macomb County Treasurer's Office
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: _____
 Nearest relative, address/phone: _____
 Ages of Dependents _____ E-Mail Address: _____

Describe your property: (circle one) Primary residence Secondary
 If applicable, current mortgage company, loan number, address & phone: _____

 Is the property for sale? (circle one) Yes No
 If yes, list realtor name, address and phone number: _____

Monthly Income:

Employer: _____
 Address: _____
 City/State/Zip: _____ \$ _____
 Social Security: _____ \$ _____
 Social Security: _____ \$ _____
 Assistance: _____ \$ _____
 Assistance: _____ \$ _____
 All other income list: _____ 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 \$ _____	Medical \$ _____	_____	_____
Automobile 1 \$ _____	Insurance \$ _____	_____	_____
Automobile 2 \$ _____	Utilities \$ _____	_____	_____
Furniture/ Household Items \$ _____	Other (list) \$ _____	_____	_____
Boat/RV \$ _____	_____ \$ _____	_____	_____
Retirement, IRA, 401(K) \$ _____	Total Liabilities \$ _____	_____	_____
Other Assets > \$1,000 \$ _____			
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

Signature

- The applicant **must** provide the following:
- Proof of income – Last paystub, State Aid or Social Security (verification)
 - State and Federal tax return (2 years)
 - Copy of your Drivers License
 - Financial Statement (above)

IF THERE ARE SPECIAL CONDITIONS OR CIRCUMSTANCES YOU WOULD LIKE CONSIDERED, PLEASE LIST ON BACK OF APPLICATION AND FORWARD WITH A COPY OF THE ABOVE REFERENCED DOCUMENTS TO:

Financial Hardship Deferral, Macomb County Treasurer's Office,
 One South Main Street, 2nd Floor, Mount Clemens, MI 48043
 For Questions: Call (586) 469-5190 Fax: (586) 469-6770