



APPLICATION FOR

**City of Caro
Board of Review
317 S State St
Caro MI 48723**

ONE-YEAR HARDSHIP REDUCTION

TAX YEAR: 2017

PARCEL CODE: _____
 APPEAL NO.: _____

Complete this form and return it along with a copy of your Federal and Michigan Income Tax Returns and Michigan Homestead Property Tax Credit Claim (MI 1040 CR). The Board of Review must have this information to review your request for a hardship exemption.

NAME: _____ AGE: _____
 ADDRESS: _____ TELEPHONE: _____

CARO, MI 48723

Number of Dependents: _____

List all occupants of this home and their relationship:

NAME	RELATION	NAME	RELATION

PROPERTY INFORMATION

Year property was purchased? _____

Do you own this property free and clear? Yes _____ No _____

If not, monthly payment _____

Are taxes included in payment? Yes _____ No _____

Are property taxes current? Yes _____ No _____

If no, amount past due _____

Do you own any other real estate? Yes _____ No _____

If yes, please list location, value, and type (including ownership via partnership, corporations, etc)

LOCATION	VALUE	TYPE OF USE

EMPLOYMENT STATUS

Are you, your spouse or other member of the household employed?

Self	_____	YES _____	NO _____	FULL TIME _____	PART TIME _____
Spouse	_____	YES _____	NO _____	FULL TIME _____	PART TIME _____
Other Members Of household	_____	YES _____	NO _____	FULL TIME _____	PART TIME _____

TOTAL HOUSEHOLD INCOME DECLARATION:

SOURCE	AMOUNT PER MONTH	AMOUNT PER YEAR
Wages/Salaries/Tips	_____	_____
Social Security/SSI	_____	_____
Pension or Retirement	_____	_____
Interest and/or Dividends	_____	_____
Rent/Business or Royalty Income	_____	_____
Disability Payments	_____	_____
ADC	_____	_____
General Assistance	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Unemployment Benefits	_____	_____
Income of Other Members of Household	_____	_____
Other Source of Income	_____	_____
TOTAL INCOME	=====	=====

If you are applying for a hardship reduction, fill out asset section.

ASSETS/ QUANTITY:	(Total value and underlying obligation) (Check all applicable boxes)	
_____	Home \$ _____	Owe: \$ _____
_____	Auto/Van \$ _____	Owe: \$ _____
_____	Installment payment \$ _____	
_____	Bank Account \$ _____	
_____	Bank Account \$ _____	
_____	Stock \$ _____	
_____	Other (identify) _____	Owe: \$ _____
	_____	Owe: \$ _____
	_____	Owe: \$ _____

I hereby declare that the information provided on this form is complete and true.

Signature of Applicant

Date

Signature of Joint Applicant (Ownership Joint)

Date

Notary Public/Deputy Clerk/Register
Tuscola County, MI

Subscribed and sworn to before me this
_____ day of _____
My Commission Expires: _____

NOTICE: ANY WILLFUL MISSTATEMENT OR MISREPRESENTATION MADE ON THIS FORM MAY CONSTITUTE PERJURY, WHICH, UNDER THE LAW, IS A FELONY PUNISHABLE BY FINE OR IMPRISONMENT