



City of Caro

APPLICATION FOR ONE-YEAR HARDSHIP REDUCTION

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

TAX YEAR: 2020

PARCEL CODE: \_\_\_\_\_

APPEAL NO.: \_\_\_\_\_

Complete this form and return it along with a copy of Federal and Michigan Income Tax Returns for all persons residing in the principal residence. If you were not required to file federal or state income tax returns you must also file Form 4988 (Poverty Exemption Affidavit) for all persons residing in the principal residence. 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:

Table with 4 columns: NAME, RELATION, NAME, RELATION. Includes horizontal lines for data entry.

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)

Table with 3 columns: LOCATION, VALUE, TYPE OF USE. Includes horizontal lines for data entry.

**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	_____	_____
<b>TOTAL INCOME</b>	<b>_____</b>	<b>_____</b>

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

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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: \$ _____

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**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**