

YEAR: \_\_\_\_\_

PARCEL NO.: \_\_\_\_\_

PETITION NO.: \_\_\_\_\_

### CITY OF ALLEGAN HARDSHIP APPLICATION

=====

**PETITIONER INFORMATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

Evening Phone Number: (\_\_\_\_) \_\_\_\_\_

Street address for which relief is being sought:  
\_\_\_\_\_  
\_\_\_\_\_

<u>Marital Status</u>	<u>No. of Years</u>
<input type="checkbox"/> Married	_____
<input type="checkbox"/> Divorced	_____
<input type="checkbox"/> Widowed	_____
<input type="checkbox"/> Separated	_____
<input type="checkbox"/> Single	_____

Signature: \_\_\_\_\_

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

\_\_\_\_\_  
PETITIONER EMPLOYMENT STATUS:

- Disabled - No. of Years \_\_\_\_\_
- Do you qualify for disability benefits:  Yes  No
- Employed Full-time
- Employed Part-time
- Retired - No. of Years \_\_\_\_\_
- Unemployed - No. of Years \_\_\_\_\_
- Laid-off - No. of Years \_\_\_\_\_
- Are you employable?  Yes  No
- Other \_\_\_\_\_

Occupation: \_\_\_\_\_  
(if employed)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Describe any disability or health problems:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SPOUSE EMPLOYMENT STATUS:

- Name \_\_\_\_\_
- Disabled - No. of Years \_\_\_\_\_
  - Do you qualify for disability benefits:  Yes  No
  - Employed Full-time
  - Employed Part-time
  - Retired - No. of Years \_\_\_\_\_
  - Unemployed - No. of Years \_\_\_\_\_
  - Laid-off - No. of Years \_\_\_\_\_
  - Are you employable?  Yes  No
  - Other \_\_\_\_\_

Occupation: \_\_\_\_\_  
(if employed)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Describe any disability or health problems:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCOME INFORMATION**

Please list all sources of your personal income. Please indicate the amount from each source on an annual basis.

Wages, salaries, tips, sick, strike and sub-pay, etc.	\$ _____
All interest and dividend income (including non-taxable interest)	\$ _____
Net rent, business or royalty income	\$ _____
Retirement pension and annuity benefits	\$ _____
Name of payer _____	
Net farm income	\$ _____
Capital gains less capital losses	\$ _____
Alimony and other taxable income	\$ _____
Social Security, SSI or railroad retirement benefits	\$ _____
Child support	\$ _____
Unemployment compensation and TRA benefits	\$ _____
Workers' compensation, veterans' disability compensation	\$ _____
ADC and GA benefits	\$ _____
All other public assistance payments	\$ _____
Describe _____	
Other non-taxable income	\$ _____
Describe _____	
TOTAL INCOME: \$ _____	

What was the total income from all sources of everyone living in your household for the past two (2) years?

Last Year \_\_\_\_\_ Prior Year \_\_\_\_\_

Does anyone outside of the home contribute to your support?  Yes  No

If yes annual amount contributed : \$ \_\_\_\_\_

Please Explain: \_\_\_\_\_

Is anyone other than the person referenced in question above, able to contribute to your support?  Yes  No

Please Explain: \_\_\_\_\_



MORTGAGE / LAND CONTRACT INFORMATION

A. Date Property was Purchased: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

B. Mortgage/Land Contract Balance: \_\_\_\_\_

C. Monthly Payment: \_\_\_\_\_ Does this payment include taxes? [ ] Yes [ ] No

D. Number of years remaining on the Mortgage/Land contract \_\_\_\_\_

E. Are your property taxes paid? [ ] Yes [ ] No

F. Did you apply for a poverty exemption last year? [ ] Yes [ ] No

G. Do you have an ownership interest in any other real estate in Michigan or anywhere else? [ ] Yes [ ] No

If yes, please list:

Location \_\_\_\_\_ Tax I.D. No. \_\_\_\_\_

Current State Equalized Value \_\_\_\_\_ Estimated Current Value \_\_\_\_\_

Purchase Date \_\_\_\_\_ Purchase Price \_\_\_\_\_

Attach additional sheet if necessary.

H. Are you and/or your spouse the sole owners of the subject property? [ ] Yes [ ] No

If no, you must list all owners and their percentage of ownership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. Have any home improvements, changes and/or additions been made to the homestead property in the last two (2) years?

[ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

J. Do you anticipate selling the homestead property for which relief is sought in the next year?

[ ] Yes [ ] No If yes, please explain: \_\_\_\_\_

OTHER LOAN DEBT

Please list any loans or land contracts outstanding? (This should not include the mortgage on your principal residence)

Creditor	
Creditor's Address	
Monthly Payment	
Current Balance	

Creditor	
Creditor's Address	
Monthly Payment	
Current Balance	

Creditor	
Creditor's Address	
Monthly Payment	
Current Balance	

Creditor	
Creditor's Address	
Monthly Payment	
Current Balance	

Creditor	
Creditor's Address	
Monthly Payment	
Current Balance	

Creditor	
Creditor's Address	
Monthly Payment	
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Creditor's Address	
Monthly Payment	
Current Balance	

Creditor	
Creditor's Address	
Monthly Payment	
Current Balance	

Creditor	
Creditor's Address	
Monthly Payment	
Current Balance	

Creditor	
Creditor's Address	
Monthly Payment	
Current Balance	

**EXPENSE INFORMATION**

Average Monthly Expenses:

Rent/House Payment (principal & interest)	\$ _____
Life Insurance	\$ _____
Health Insurance	\$ _____
Home Insurance	\$ _____
Auto Insurance	\$ _____
Taxes (homestead)	\$ _____
Taxes on other property	\$ _____
Car payment	\$ _____
Special Assessment	\$ _____
Utilities:	
Gas/Oil	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water/Sewer	\$ _____
Child Care	\$ _____
Food/Clothing	\$ _____
Other Loans	\$ _____
Medical (not covered by insurance)	\$ _____
Lawn Care/snow removal	\$ _____
Cable	\$ _____
Other Misc. ( Please specify) _____	\$ _____

Do you have any major or unusual expenses not included above? [ ] Yes [ ] No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\* VERIFICATION OF EXPENSES MAY BE REQUESTED

ASSET INFORMATION

What are your current assets in addition to the real estate noted previously?

Cash		\$ _____
Savings Accounts/Certificates & Money Markets		\$ _____
Checking Accounts		\$ _____
Stock/Bonds/Treasury Bills		\$ _____
Insurance		\$ _____
Other		\$ _____
Investments		\$ _____
IRA, Kough Annuities, Deferred Compensation		\$ _____
Personal property held as an investment (i.e., gems, jewelry, coin collection, antique cars, etc.)		\$ _____

Vehicles, Cars, Trucks, Boats, Trailers, etc.

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

Make	#4	#5	#6
Model			
Year			
Value			
Balance Owed			

RESIDENT STATUS

A. Please list all people currently living in your household other than yourself and spouse:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed as Dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heir to Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

B. Complete the following chart for living parents, children, heirs to your estate and/or anyone else having any ownership interest in the property:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Investment Assets  To include: All Cash, Savings Accounts/Certificates & Money Markets, Checking Accounts, Stock/Bonds/Treasury Bills, Insurance, IRAs, Kough Annuities, Deferred Compensation, Personal Property Held as an Investment and All Other Investment Holdings				
Vehicles (Cars, Trucks, Boats, Trailers, etc.)				
Claimed as Your Dependant?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heir to Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

	5	6	7	8
Name				
Age				
Relationship				
Occupation				
Annual Income				
<b>Investment Assets</b> To include: All Cash, Savings Accounts/Certificates & Money Markets, Checking Accounts, Stock/Bonds/Treasury Bills, Insurance, IRAs, Kough Annuities, Deferred Compensation, Personal Property Held as an Investment and All Other Investment Holdings				
<b>Vehicles</b> (Cars, Trucks, Boats, Trailers, etc.)				
Claimed as Your Dependand?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heir to Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

	9	10	11	12
Name				
Age				
Relationship				
Occupation				
Annual Income				
<b>Investment Assets</b> To include: All Cash, Savings Accounts/Certificates & Money Markets, Checking Accounts, Stock/Bonds/Treasury Bills, Insurance, IRAs, Kough Annuities, Deferred Compensation, Personal Property Held as an Investment and All Other Investment Holdings				
<b>Vehicles</b> (Cars, Trucks, Boats, Trailers, etc.)				
Claimed as Your Dependand?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Heir to Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No			