

**2024 APPLICATION FOR ONE YEAR HARDSHIP REDUCTION  
(CONFIDENTIAL INFORMATION)  
CITY OF IRONWOOD ASSESSOR'S OFFICE**

Appeal No: \_\_\_\_\_

Parcel No: 2752-\_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF SPOUSE (if applicable) \_\_\_\_\_ AGE \_\_\_\_\_

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT \_\_\_\_\_

DO YOU CLAIM THIS PROPERTY AS YOUR HOMESTEAD (Primary Residence)? ( ) YES ( ) NO

TELEPHONE NUMBER \_\_\_\_\_

EMPLOYED		EMPLOYER		ARE YOU DISABLED?	
SELF	( ) YES ( ) NO	( ) FULL TIME ( ) PART TIME		SELF	( ) YES ( ) NO
SPOUSE	( ) YES ( ) NO	( ) FULL TIME ( ) PART TIME		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

Attach additional sheet, if needed.

**PROPERTY INFORMATION**

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

Purchase Price : \_\_\_\_\_( If purchased in the last 3 years.)

Do you own this property free and clear? ( ) YES ( ) NO

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

Are the taxes included in payment? ( ) YES ( ) NO

Are property taxes current? ( ) YES ( ) NO

If not, amount past due: \$ \_\_\_\_\_

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

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

Have you taken a Reverse Mortgage on this property ( ) YES ( ) NO

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

**ASSET INFORMATION**

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 (attach additional sheet if needed).

<u>LOCATION</u>	<u>VALUE</u>	<u>TYPE OF USE</u>	<u>PURCHASE DATE</u>	<u>PURCHASE PRICE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What are your assets in addition to real estate? \$ \_\_\_\_\_

Cash \$ \_\_\_\_\_

Savings Accounts/CD's or Money Markets \$ \_\_\_\_\_

Checking Accounts \$ \_\_\_\_\_

Stocks/Bonds/Treasury bills \$ \_\_\_\_\_

Investments \$ \_\_\_\_\_

Other (i.e. gems, jewelry, coin collections, antique car, etc., held as an investment.) \$ \_\_\_\_\_

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

	#1	#2	#3
<b>MAKE</b>			
<b>MODEL</b>			
<b>YEAR</b>			
<b>VALUE OR LEASE</b>			
<b>BALANCED OWED</b>			

**(INCOME INFORMATION)**

**ESTIMATED HOUSEHOLD INCOME**

<b>SOURCE</b>	<b>AMOUNT PER YEAR</b>
Wages, Salaries, Tips, Sick, Strike, and Sub-Pay, Etc.	
Social Security/SSI	
Retirement Pension or Annuity Benefits ( Includes Military Retirement Pay)	
Interest and/or Dividends (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, FELLOWSHIPS, ETC.)	
Less Amount YOU PAY for Medical Insurance or Medical Cost, (provide documentation)	
<b>YOUR TOTAL INCOME</b>	
<b>ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents ) AS SHOWN ON FIRST PAGE OF APPLICATION</b>	
<b>TOTAL PROJECTED HOUSEHOLD INCOME FOR:</b>	

I declare under the penalties of perjury, that all of the information submitted in my application for hardship exemption is true.

I/We understand that the statements contained in this application are true to the best of my/our knowledge. I/We also understand that this application will be denied or revoked if the information contained is found to be false or incomplete.

Applicant Signature \_\_\_\_\_

Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_

IF A HARDSHIP EXEMPTION IS GRANTED, IT WILL BE IN EFFECT FOR THE CURRENT YEAR ONLY.

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### FEDERAL POVERTY INCOME STANDARDS FOR 2024 ASSESSMENTS

Size of family unit poverty guidelines:

1- \$15,060
2- \$20,440
3- \$25,820
4- \$31,200
5- \$36,580
6- \$41,960
7- \$47,340
8- \$52,720

\* Each additional person add - \$5,380

### ATTACHEMENTS REQUIRED

- Copy of Deed or Land Contract showing Ownership of homestead
- Michigan Income Tax Return, including Homestead Property Tax Credit Claim [MI 1041 CR-1 (Senior) or CR-4 (General)]
- Federal Income Tax Return (1040), if you are required to file federal income.
- W-2 forms or 1099 forms pertaining to tax forms presented.
- Michigan Driver License or state identification card for identification.

Additional comments:

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

Poverty exemption denials can be appealed to the Michigan Tax Tribunal.