

2025 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.

| MAKE | #1 | #2 | #3 |
|----------------|----|----|----|
| MODEL | | | |
| YEAR | | | |
| VALUE OR LEASE | | | |
| BALANCED OWED | | | |

(INCOME INFORMATION)

ESTIMATED HOUSEHOLD INCOME

| SOURCE | AMOUNT PER YEAR |
|--|-----------------|
| 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) | |
| YOUR TOTAL INCOME | |
| ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (not claimed as dependents) AS SHOWN ON FIRST PAGE OF APPLICATION | |
| TOTAL PROJECTED HOUSEHOLD INCOME FOR: | |

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.

FEDERAL POVERTY INCOME STANDARDS FOR 2025 ASSESSMENTS

Size of family unit poverty guidelines:

| |
|-------------|
| 1- \$15,650 |
| 2- \$21,150 |
| 3- \$26,650 |
| 4- \$32,150 |
| 5- \$37,650 |
| 6- \$43,150 |
| 7- \$48,650 |
| 8- \$54,150 |

* Each additional person add - \$5,500

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.