

City of Dexter
Application for Hardship Exemption

Petition Number: _____ Property Number: _____

Name: _____ Telephone: _____

Address: _____

Did you receive a hardship exemption last year? Y N Amount: _____

Required Documentation

Please provide a copy of your Federal Tax Returns, the Michigan State Tax Return, and your most recent Michigan Homestead Property Tax Credit Form. ***If these forms are not submitted, the Board of Review will return your application!*** Please note: If the applicant does not qualify for the property tax credit, the applicant will not qualify under the City of Dexter Hardship Guidelines.

Personal Information

Applicant information:

Birthdate: _____ Marital Status: _____

Number of family members living in the home (including self): _____

Number of years living in the City (or Village) of Dexter: _____

Do you qualify for a Veterans Exemption? _____ Disability Exemption? _____

Employment Status (full time, part time, unemployed, retired, disability - include date of last employment if applicable):

Self: _____

Spouse: _____

Dependent Information (please list additional on separate sheet if necessary):

Age: _____ Income: _____ Source: _____

Age: _____ Income: _____ Source: _____

Age: _____ Income: _____ Source: _____

Age: _____ Income: _____ Source: _____

Others Residing at Address (please list additional on separate sheet if necessary):

Age: _____ Income: _____ Relationship: _____

Age: _____ Income: _____ Relationship: _____

Age: _____ Income: _____ Relationship: _____

Expenses

Major expense declaration (list to whom major expenses are paid and the amount):

	Source	Amount
Mortgage Payment		
Property Insurance		
Medical Insurance		
Medical Bills		
Other Major Expenses		

Declaration

I declare that the foregoing statements are true and correct, and that I am unable to pay my full share of property taxes. I further understand that the Board of Review may ask me to appear before them for clarification on any subject matter related to this application.

Signature: _____

Date: _____

Preparer: _____

Date: _____