



MARQUETTE COUNTY TREASURER'S OFFICE

ANNE GIROUX, TREASURER

FINANCIAL HARDSHIP POLICY ONE-YEAR EXTENSION FROM FORECLOSURE

The Marquette County Treasurer's objective is to assist delinquent taxpayers to fulfill their Real Property Tax obligation to avoid any foreclosure on any property the property owner wants to maintain. Hardship extensions are primarily granted to homeowners, but occasionally may be granted for small, family owned businesses or commercial property that is the primary source of the owner's income.

Throughout the year, the Treasurer will attempt to assist any taxpayer by providing applications for consideration of a hardship extension or by meeting with that person. Financial Hardship applications are available at the Treasurer's office. Applications will be accepted at any time throughout the year, but no later than 2 weeks prior to the show cause (administrative) hearing, which is held during January just prior to Foreclosure. The date of the show cause hearing may be obtained by contacting the Treasurer's office. All Financial Hardship applications will be considered at the show cause (administrative) hearing. The Treasurer may request that an appointment be made for the orderly conduct of business during the show cause hearing.

Unless extenuating circumstances exist, the applicant must be able to prove that he or she meets the most recent Poverty Guidelines as issued by the Federal Department of Health and Human Services. To prove the aforementioned, the applicant must either include with the Financial Hardship application or have available at the hearing, the following information:

- State and Federal tax returns for the past two (2) years
- Verification of income, including but not limited to:
 - ◆ Social Security Statement
 - ◆ Land contracts, leases
 - ◆ State Assistance statements
 - ◆ Pay stubs
- Financial Statement of Condition (Balance Sheet of assets owned and liabilities owed – form provided on second page of application)
- Documentation of application to local unit for exemption and their determination
- Provide details of all attempts for assistance or borrowing and the result of this effort

Applicants will also have the opportunity to disclose other conditions that may affect their ability to pay their taxes. This may include but is not limited to the following:

- Existence of physical/mental disabilities
- Health issues
- Outstanding financial obligations due to conditions/factors outside the individual's control
- Unemployment

It will be determined if the applicant has exhausted all potential sources of assistance. This may include but is not limited to the following:

- Federal, state and local governmental agencies
- Non-profit, charitable organizations
- Community based and service groups
- Private lending sources

The Treasurer will attempt to determine if the hardship is temporary or permanent. For temporary hardships the anticipated time to correct the situation will be determined. Permanent hardship cases will also be referred to the respective local units for future relief under MCL 211.7u.

The granting of a hardship waiver only extends the time to pay the delinquent amount due. Interest at 1½% monthly and any additional expenses continue to accrue on the parcel, increasing the tax liability. The applicant must be able to show that if granted relief from foreclosure, he or she will be able to pay the delinquent tax within twelve months of that waiver.

Hardship determination at the administrative hearing will be in the sole and absolute judgment of the Treasurer.



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FINANCIAL HARDSHIP APPLICATION FOR ONE-YEAR EXTENSION FROM FORECLOSURE

PARCEL ID _____

TAXPAYER NAME _____

AGE _____

NAME OF SPOUSE or CO-OWNER (if applicable) _____

AGE _____

PROPERTY ADDRESS _____
Street City

MAILING ADDRESS (if different) _____
Street City State Zip

PHONE NUMBER(S) _____

DEPENDENTS	AGE
_____	_____
_____	_____
_____	_____

EMPLOYMENT INFORMATION

Company Name _____

Monthly Income
\$ _____

Company Address _____
Street City State Zip

Other Income:

Social Security:

\$ _____

Other (please specify):

\$ _____

\$ _____

\$ _____

\$ _____

Total Monthly Income

\$ _____

Did you apply for a poverty exemption with your township/city?

_____ Yes

_____ No

If Yes: Application Date _____ Was the exemption

_____ Granted

_____ Denied

If the hardship was granted, please attach a copy to this application.

Financial Statement of Condition as of Today's Date

PARCEL ID _____

ASSETS		LIABILITIES		
		Monthly Payment	Total Owed	
Cash on hand	\$	Mortgage	\$	\$
Checking account	\$	Credit Cards	\$	\$
Savings, CDs, etc.	\$	Vehicles	\$	\$
Savings bonds	\$	Utilities	\$	\$
Stocks, mutual funds, securities	\$	Property taxes (total all years)	\$	\$
Property (equity)	\$	Education/day care	\$	\$
Vehicles (value)	\$	Unreimbursed medical expenses	\$	\$
	\$	Insurance premiums	\$	\$
Other assets (list)	\$	Other debt (list)	\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	\$

NET WORTH = ASSETS – LIABILITIES

\$

UNIQUE OR UNUSUAL CIRCUMSTANCES WHICH SHOULD BE CONSIDERED:

The above statements are true to the best of my knowledge and belief and are made for the purpose of obtaining a Financial Hardship One-year Extension from Foreclosure on my property for Delinquent Real Property Taxes. I understand I can be prosecuted for fraud if I intentionally make a false or misleading statement or misrepresent, conceal or withhold facts for the purpose of establishing or maintaining my property's eligibility.

Signature

Date

Signature

Date

Return both pages of the application and supporting documents to:

Marquette County Treasurer
234 W. Baraga Ave.
Marquette, MI 49855

If you have any questions, please call
906-225-8425