



Assessing Department

1827 N. Squirrel Rd.
Auburn Hills, MI 48326-2753
Phone: (248) 370-9436
Fax: (248) 475-0127

January 2008

Re: March Board of Review - Application for Economic Hardship (Property Tax Relief)

Dear Resident,

Economic hardship appeals can be petitioned to the March, July or December Board of Review. You can only appeal once during the year (In other words, if you petition the March Board of Review and are denied, you cannot appeal to the July or December Board of Review.)

We are automatically sending out applications to those residents that have applied for economic hardship in past years. It must be filled out and returned to the Assessor's Office by Thursday, February 14, 2008 to give our staff time to prepare the paperwork for the March Board of Review meeting. **Make sure you sign the form where marked.** (last page)

You must also include a copy of at least three of the five following documents with your application for each household member that contributes to the household income.

1. **SIGNED** copy of your 2007 Federal Income Tax form.
2. **SIGNED** copy of your 2007 Michigan Income Tax form (MI 1040)
3. **SIGNED** copy of your 2007 Michigan Homestead Property Tax Credit (MI-1040CR)
4. Copy of your 2007 Social Security Benefits Statement
5. Copy of your 2007 Supplemental Security Income Statement (S.S.I)

Household Income from **ALL SOURCES** must be included on the application (Ex: spouse, co-owner, adult child). Copies of receipts are required for any medical expenses that you claim on the application. Your total household income, other assets and medical expenses will determine whether or not you will be eligible for a reduction.

First time applicants must appear before the Board of Review. The Board of Review meetings are held in Administrative Conference Room A (located in the hallway between the Assessor's and Treasurers office). Dates and times will be printed on the assessment change notice you will receive at the end of February.

If you have any questions, you can call me at (248) 370-9436. Karen Adcock, Seniors Services Director, can also offer assistance with filing this application as well as your Federal and State income tax forms. She can be reached at (248) 370-9353.

Sincerely,

Karen M. Blinkilde, CMAE III
Deputy Assessor

CITY OF AUBURN HILLS 2008 ECONOMIC HARDSHIP APPLICATION

**** YOU MUST OWN AND OCCUPY THE PROPERTY AS YOUR PRINCIPAL ADDRESS IN ORDER TO QUALIFY.**

ALL INFORMATION SUBMITTED TO THE BOARD OF REVIEW IS CONFIDENTIAL
IF YOU NEED ASSISTANCE - CALL (248) 370-9436

Complete and return by: **February 14, 2008** for consideration at March Board of Review
 OR * **July 1, 2008** for consideration at the July Board of Review
 OR * **December 1, 2008** for consideration at the December Board of Review
 (* you can only apply once/year)

ANSWER ALL QUESTIONS COMPLETELY

Type or print with ball point pen

Parcel No. _____

ADDRESS _____

Number of years at this address _____

APPLICANT NAME _____

SPOUSE NAME _____

Daytime Phone: _____

S.S.# (applicant) _____

S.S. # (spouse) _____

Birth Date (applicant) _____

Birth Date (spouse) _____

Applicant's Employment Status (Circle One)

Spouse's Employment Status (Circle One)

- Retired - Employed Full Time - Unemployed
- Disabled - Employed Part Time

- Retired - Employed Full Time - Unemployed
- Disabled - Employed Part Time

List name(s) and soc sec # of **all other occupants** of the household. (**DO NOT REPEAT** applicant and spouse).
(Use other side of page, if needed)

NAME	AGE	SOCIAL SECURITY NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOU MUST SUBMIT AT LEAST THREE OF THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION FOR EACH HOUSEHOLD MEMBER THAT CONTRIBUTES TO THE HOUSEHOLD INCOME.

1. **SIGNED** copy of your 2007 Federal Income Tax form.
2. **SIGNED** copy of your 2007 Michigan Income Tax form (MI-1040)
3. **SIGNED** copy of your 2007 Michigan Homestead Property Tax Credit (MI-1040CR) *
4. Copy of your 2007 Social Security Benefits Statement
5. Copy of your 2007 Supplemental Security Income Statement (S.S.I.)

* note: even if you are not required to file State of Federal Income Tax forms, you may be able to reclaim a portion of property taxes paid by filing this form.

FOR CITY USE ONLY

1. Original Proposed Assessed Value	_____	4 Exempt. amt. (TV)	_____
2. Original Proposed Taxable Value	_____	5 Exempt. amt. (AV)	_____
3. Principal Residence Exemption %	_____	6 Revised Taxable Value	_____

CITY OF AUBURN HILLS 2008 ECONOMIC HARDSHIP APPLICATION

HOUSEHOLD INCOME: JAN 1 - DEC 31, 2007

(INCLUDE INCOME OF ALL OCCUPANTS OF HOME)

- 1. Federal Adjusted Gross Income (applicant and spouse)
as shown on Form 1040 _____
- 2. Social Security \$ (applicant)
(Do **NOT** include Medicare premium paid FOR you) _____
- 3. Social Security \$ (spouse) _____
- 4. S.S.I. \$ (applicant) _____
- 5. S.S.I. \$ (spouse)
(S.S.I. = Supplemental Security Income) _____
- 6. Pensions, retirements
NOT included on line 1 _____
Received from: _____
(please attach copy)
- 7. Interest (bank, escrow non-taxable
dividends, etc.) NOT INCLUDED in line 1

- 8a. Federal Adjusted Gross Income,
Social Security or S.S.I. of other
household member(s) _____
- 8b. Their relationship to you _____
- 9. Other sources of income:
(Ex: Rental Income, assistance from relatives, lottery,
contests, raffles, food stamps) _____
- 10. Subtotal (lines 1 through 7) _____
- 11. Total of non-reimbursed medical expenses and medical
insurance premiums (DO NOT include premiums for
Medicare or life insurance)
(List detail on next page) _____
- 12. TOTAL HOUSEHOLD INCOME
(line 10 minus line 11) _____

ASSET / EXPENSE INFORMATION

AUTOMOBILE

Make	Model	Year	Unpaid Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ASSETS AS OF DECEMBER 31, 2007 (ENTER APPROXIMATE VALUE - REQUIRED)

- 1. Cash on hand _____
- 2. Checking Accounts _____
- 3. I.R.A. or Keogh Plan _____
- 4. Stocks _____
- 5. Life Insurance (Face Value) _____
- 6. Savings Accounts _____
- 7. Money Market Certificates _____
- 8. Trust Funds _____
- 9. Bonds _____
- 10. Recreational Vehicles, Boats _____
- 11. Collectibles (Art, coins, etc) _____

12. Other real estate owned (Ex: Adjacent lots, vacation or investment properties)

Location	How long have you owned this property?	State Equalized Value	Percentage of Ownership
_____	_____	_____	_____
_____	_____	_____	_____

CITY OF AUBURN HILLS 2008 ECONOMIC HARDSHIP APPLICATION

MEDICAL EXPENSES

List in detail medical expenses claimed on #11 on previous page. (YOU MUST ATTACH SUPPORTING DOCUMENTS)

Paid to	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If disabled, please describe disability _____
_____ How long have you been disabled? _____
(You may be asked for proof of disability from your doctor)

OTHER EXPENSES

1. a. Do you have a mortgage? _____ b. If yes, what is your unpaid balance? _____ c. monthly payment? _____
d. Does your mortgage payment include property taxes? _____
2. a. Do you have any other outstanding loans? _____ b. To whom? _____ c. Balance _____
3. a. Do you have any other major or unusual expenses? _____ b. If yes, please explain _____

Under penalty of perjury, I certify that to the best of my knowledge and belief the information that I have provided herein is true, correct and complete and that I am unable to pay my full share of property taxes

X

Signature of Claimant or Agent (REQUIRED) _____

Date _____

AGENT: NAME _____
ADDRESS _____
PHONE NUMBER _____
RELATIONSHIP TO APPLICANT _____