

COUNTY OF MIDLAND FORECLOSURE HARDSHIP APPLICATION

Return this form to the Midland County Treasurer's Office by **December 1.**

PARCEL NUMBER _____ PHONE # _____

APPLICANT'S NAME _____ AGE _____ ALT PHONE _____

SPOUSE or CO-OWNER _____ AGE _____ ALT PHONE _____

PARCEL ADDRESS _____ CITY _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____

DO YOU CLAIM THIS PROPERTY AS YOUR PRINCIPAL RESIDENCE? YES _____ NO _____

PURCHASE DATE _____ PRICE \$ _____ LOAN BALANCE \$ _____

MONTHLY PAYMENT \$ _____ ARE TAXES INCLUDED IN PAYMENT? YES _____ NO _____

WHO IS YOUR MORTGAGE THROUGH? _____
 ADDRESS _____
 CITY, STATE, ZIP _____

ARE YOU A MILITARY VETERAN? YES _____ NO _____ YOUR SPOUSE? YES _____ NO _____

YOUR EMPLOYER _____ WORK PHONE _____

SPOUSE EMPLOYER _____ WORK PHONE _____

ARE YOU DISABLED? YES _____ NO _____ NATURE OF DISABILITY _____

SPOUSE DISABLED? YES _____ NO _____ NATURE OF DISABILITY _____

LIST MAJOR OUT-OF-POCKET EXPENSES and PROVIDE VERIFICATION (Credit Cards, Medical, etc.)

1.	Type	Mo. Pmt.	\$	Balance	\$
2.	Type	Mo. Pmt.	\$	Balance	\$
3.	Type	Mo. Pmt.	\$	Balance	\$
4.	Type	Mo. Pmt.	\$	Balance	\$
5.	Type	Mo. Pmt.	\$	Balance	\$
6.	Type	Mo. Pmt.	\$	Balance	\$

LIST ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Dependent	yes _____ no _____	yes _____ no _____	yes _____ no _____	yes _____ no _____

LIST OWNERSHIP, PARTNERSHIP OR CORPORATE INTEREST IN ANY OTHER REAL ESTATE

Location	Current Value	Purchase Date	Purchase Price	Type of Use
1.	\$		\$	
2.	\$		\$	

OTHER ASSETS (Not sheltered retirement plans such as IRA, 401K, 403B, 457, or annuities)

Cash	\$	Stocks	\$
Savings	\$	Bonds/Treasury Bills	\$
Certificates	\$	Insurance cash value	\$
Money Market	\$	Other Investments	\$
Checking	\$	Personal Property	\$

LIST ALL VEHICLES (Cars, Trucks, Motor Homes, Campers, Trailers, Boats, etc.)

Year	Make	Model	Value	Balance Owed
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$

PROJECTED HOUSEHOLD INCOME FOR THIS YEAR

Wages, Salary, Tips, Sick Pay, Strike Pay, Sub Pay, etc.	\$
Military Pay	\$
Social Security/SSI Benefits Income	\$
Pension, Military Retirement, or Annuity Benefits	\$
Interest and Dividends Earned	\$
Rent/Business or Royalty Income	\$
Disability or Veterans Disability Payments	\$
Workers Compensation Payments	\$
ADC, SFI, SDA, RAP/REP (Attach a copy of DSS Annual Statement)	\$
Alimony	\$
Child Support	\$
Unemployment Benefits	\$
Nontaxable Income (Military Allotments, Grants, Scholarships, etc.)	\$
Income from Non Dependent members of Household	\$
Less amount You Pay for Medical Insurance	\$
TOTAL PROJECTED HOUSEHOLD INCOME FOR THIS YEAR	\$

LIST ANY SPECIAL GROUPS YOU HAVE APPLIED FOR FINANCIAL ASSISTANCE (Provide Proof)

Midland Co Dept of Human Services...835-7503	yes ___ no ___	Annual Amount \$
First Call For Help.....8 211	yes ___ no ___	Annual Amount \$
Township/City Poverty Exemption	yes ___ no ___	Annual Amount \$
Mid Mich Community Action.....832-7377	yes ___ no ___	Annual Amount \$
Habitat for Humanity.....496-0900	yes ___ no ___	Annual Amount \$
Midland Area Homes.....496-9550	yes ___ no ___	Annual Amount \$
Salvation Army.....496-2787	yes ___ no ___	Annual Amount \$
Area churches - state which ones	yes ___ no ___	Annual Amount \$
Other (list other sources of financial assistance)	yes ___ no ___	Annual Amount \$

DESCRIBE ANY SPECIAL CIRCUMSTANCES PREVENTING YOU FROM PAYING PROPERTY TAXES

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED IN MY APPLICATION FOR HARDSHIP EXTENSION IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

YOUR SIGNATURE _____ DATE _____

SPOUSE/CO-OWNER _____ DATE _____