



One-Year Financial Hardship Extension from Tax Foreclosure Policy & Application

The Washtenaw County Treasurer does not request information on immigration status when answering questions or providing services

Hardship Extensions are designed to delay foreclosure deadlines by one year for owners who are working actively to catch up their delinquent property taxes. Hardship Extensions are aimed at homeowners but may be granted for businesses that are the primary source of the owner's income.

The person requesting an extension must hold title to the property or represent the estate if the owner is deceased.

The application must include:

- 1. Proof of income** - pay stubs, Social Security statement, W2, or other income statement
- 2. A plan for payment.** Use the space provided at the end of the application to describe your plan to resolve the delinquent taxes. Plans may include one or more of the following:
 - a. Regular payments or recent history of making regular payments
 - b. Assistance from a local help agency
 - c. Sale or refinancing of the property

The Treasurer will assist delinquent taxpayers to develop a payment plan as part of the application process. We can also refer you to expert, confidential budget counseling at no cost to you. The law requires the Treasurer to review your income and allows the Treasurer to grant hardship extensions. Withholding the property from the foreclosure petition is the sole judgment of the County Treasurer. We are willing to discuss your individual situation with you as part of the application process. Granting of financial hardship status shall be for only this pending foreclosure. It extends only the time to pay the amount due; additional expenses, interest, and penalties continue to accrue.

In 2021 during the COVID-19 pandemic, for tax years 2018 and prior, the Washtenaw County Treasurer is withholding all OCCUPIED property from tax foreclosure, regardless of Principal Residence Exemption status or classification, for financial hardship in alignment with state and federal laws (including the federal CARES Act), executive orders, and Michigan state court administrative orders (including Michigan State Court Administrative Order No. 2020-17) addressing evictions during the COVID-19 pandemic.



Catherine McClary, CPFO, CPFIM
Washtenaw County Treasurer
Taxes@Washtenaw.org 734-222-6600

APPLICATION

PARCEL I.D. _____

All information provided will be kept confidential

APPLICANT'S NAME _____ AGE _____

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

APPLICANT'S MAILING ADDRESS _____

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT _____

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

TELEPHONE NUMBER _____ ALTERNATE CONTACT _____

EMAIL ADDRESS _____ ALT PHONE _____

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

EMPLOYMENT STATUS AND NAME OF EMPLOYER:

ARE YOU DISABLED?

| EMPLOYED | | EMPLOYER | |
|----------|--|--|--|
| SELF | <input type="radio"/> YES <input type="radio"/> NO | <input type="radio"/> FULL TIME <input type="radio"/> PART TIME | |
| SPOUSE | <input type="radio"/> YES <input type="radio"/> NO | <input type="radio"/> FULL TIME <input type="radio"/> PART TIME | |

| | |
|--------|--|
| SELF | <input type="radio"/> YES <input type="radio"/> NO |
| SPOUSE | <input type="radio"/> YES <input type="radio"/> NO |

NATURE OF DISABILITY _____

Do you have any MAJOR OR UNUSUAL OUT-OF-POCKET expenses? If yes, please list them below.

| TYPE OF EXPENSE | AMOUNT PER YEAR |
|-----------------|-----------------|
| | |
| | |

LIST ALL PEOPLE LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE (IF THIS IS YOUR RESIDENCE):

| | 1 | 2 | 3 | 4 |
|----------------------|--|--|--|--|
| Name | | | | |
| Age | | | | |
| Relationship | | | | |
| Occupation | | | | |
| Annual Income | | | | |
| Claimed As Dependent | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

Attach additional sheet, if needed.

PROPERTY INFORMATION

Purchase Date: _____

Purchase Price: _____ (if purchased in last 3 years)

Do you own this property free and clear? Yes No

Have any improvements, changes, or additions been made to the property in the last two (2) years? Yes No
If yes, please explain: _____

If not, amount of monthly payment: _____

Are the taxes included in payment? Yes No

Name of Lender: _____

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>Address</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? (Do not include sheltered retirement plans such as IRA, 401(K), 403(B), Keogh, 457, annuities, or company pension programs)

- Cash \$ _____
- Savings Accounts \$ _____
- Checking Accounts \$ _____
- Stocks/Bonds/Treasury Bills \$ _____
- Insurance – Cash Value \$ _____
- Other Assets \$ _____
- Personal Property held as an investment (i.e., gems, jewelry, coin collections, antique cars, etc.) \$ _____

Vehicles: Cars, Trucks, Boats, Trailers, etc.

| Make | #1 | #2 | #3 |
|-----------------|----|----|----|
| Year | | | |
| Monthly Payment | | | |

INCOME INFORMATION

ESTIMATED HOUSEHOLD INCOME FOR THIS YEAR

| SOURCE | AMOUNT PER YEAR |
|--|---------------------------|
| Wages, Salaries, Tips, Sick, Strike, and sub-pay, etc. | \$ |
| Social Security/SSI Benefits Income | \$ |
| Retirement Pension or Annuity Benefits (Includes Military Retirement Pay) | \$ |
| Interest and/or Dividends Earned (includes non-taxable interest) | \$ |
| Rent/Business or Royalty Income | \$ |
| Disability Payments (Worker Comp, Veterans Disability) | \$ |
| DHHS Benefits (Bridge card, etc) | \$ |
| Alimony | \$ |
| Child Support | \$ |
| Unemployment Benefits | \$ |
| Other Nontaxable Income (Military Family Allotments, College Scholarships, Grants, Fellowships, Etc.) | \$ |
| Less Amount YOU PAY for Medical Insurance | \$ () |
| 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 THIS YEAR | \$ |

PLEASE INCLUDE A COPY OF YOUR MOST RECENT INCOME STATEMENT (PAY STUBS, SOCIAL SECURITY STATEMENT, W-2, ETC).

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED IN MY APPLICATION FOR HARDSHIP EXEMPTION IS TRUE.

YOUR SIGNATURE: _____

SPOUSE OR CO-OWNER'S SIGNATURE: _____

DATE: _____

BUDGET COUNSELING

You can get free, confidential debt and budget counseling from an expert, independent of the Treasurer's office.
Please ask us for a referral.

USE THE SPACE BELOW TO DESCRIBE YOUR PLAN TO PAY THE DELINQUENT TAXES, AND DESCRIBE ANY SPECIAL CIRCUMSTANCES WHICH MAKE IT HARD TO PAY YOUR DELINQUENT TAXES: