

**MUSKEGON COUNTY TREASURER**  
TONY MOULATSIOTIS, TREASURER

173 E APPLE AVE STE 104 MUSKEGON MI 49442 PHONE :(231)724-6261 FAX: (231)724-6549

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**COUNTY OF MUSKEGON**  
**FINANCIAL HARDSHIP EXTENSION POLICY**

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This policy supersedes all previous policies regarding Financial Hardship Deferral of Foreclosure under Public Act 123 of 1999.

Rev 06/01/2010

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**STATEMENT OF POLICY**

The objective of Muskegon County and the Muskegon County Treasurer is to assist delinquent taxpayers to fulfill their Real Property Tax obligation in order to avoid foreclosure on property the owner wishes to maintain. Hardship Extensions (previously known as Hardship Deferrals) are aimed at homeowners, but may be granted occasionally for small family businesses or commercial property that is the primary source of the owner's income.

The law requires the Treasurer to review an applicant's income and allows the Treasurer to grant extensions to property owners whose household income is at or below the federal poverty income standards (as defined and determined annually by the US Office of Management and Budget). However, the Muskegon County Treasurer will consider extenuating circumstances that may create a financial hardship even if an applicant's income is higher than the federal standards.

**Financial Hardship Extensions** are designed to postpone foreclosure deadlines by one year for homeowners who are actively working to catch up their delinquent property taxes. To be considered for a hardship extension, you must be the owner, the property must be your principle residence, or you must be a legal guardian, conservator, or have power of attorney over the owner/resident and you must demonstrate a financial hardship.

Granting of financial hardship status shall only be for the current year pending foreclosure; it extends only the time to pay the amount due. Additional fees, interest, and penalties will continue to accrue.

The granting of a hardship extension is not available to those who received an extension the previous year. The applicant must be able to show that if granted relief from foreclosure, that he or she will be able to pay their delinquent taxes within (12) months of that waiver.

Applicants will have the opportunity to disclose other conditions that may affect their ability to pay taxes. These may include, but are not limited to, the following:

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

## APPLICANT CONDITIONS

- Hold title to the property or represent the estate of the titleholder, if deceased
- Complete the attached application
- Provide proof of income– this includes the entire household of the titleholder
- Provide details of all attempts for assistance and borrowing (money from family, home equity loans, refinancing, etc.), and the results of these efforts
- Present a plan for payment. Plans may include one or more of the following:
  - Assistance from a local help agency
  - Recent history of making regular payments
  - Sale or refinancing of the property

**You will need to submit COPIES of the following to our office:**

1. Provide a copy of a **valid mortgage, deed, or land contract** for the property
2. Provide a copy of your most **current income tax returns**. If you don't file a tax return, please supply any verification of income (for example: W2's, Social Security Benefit Statement, Friend of Court Statement, etc)
3. Proof of **Probate Documentation** if applicable.

If an applicant has met the requirements listed above, the Treasurer shall have the sole discretion to grant or deny a hardship extension and as a result, remove the subject property from the foreclosure proceedings. This determination is final and not subject to appeal.

### **Attachments to this policy:**

1. US Dept of Health and Human Services (HHS) Poverty Guidelines for the most recent year
2. Application Instructions and Form
3. Payment Agreement

Adopted By: \_\_\_\_\_

Tony Moulatsiotis, County Treasurer

Date: \_\_\_\_\_

12/09/2010

For the purposes of this policy, the three attachments to this policy may be updated annually without requiring action by the Muskegon County Board of Commissioners

## MUSKEGON COUNTY TREASURER'S OFFICE FINANCIAL HARDSHIP EXTENSION APPLICATION

Tax Years Owing: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PRE percent on property \_\_\_\_\_ % Property is: Residential \_\_\_\_\_ Business \_\_\_\_\_

Name of Owner & Co-Owner: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

	Address	City	State	Zip Code
Property Address			MI	
Mailing Address			MI	

**Property & Background Information:**

- Do you own this property free and clear?  Yes **OR**  No
- If no, please state the mortgage company's name or land contract information here

\_\_\_\_\_

- Purchase date of the property: \_\_\_\_\_
- What date did you move into this property? \_\_\_\_\_
- Purchase Price (if purchased in the last 3 years) \_\_\_\_\_

**Employment Status and Name of Employer:**

	<b>Employed</b>	<b>Status</b>	<b>Current Employer</b>
Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

	<b>Are You Disabled?</b>	<b>Nature of Disability?</b>
Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Income Information:**

How many individuals live (reside) in the household? \_\_\_\_\_

**List All Persons Living in this Home Other Than You or Your Spouse**

	<b>Person #1</b>	<b>Person #2</b>	<b>Person #3</b>
Name			
Age			
Relationship			
Occupation			
Monthly Income	\$	\$	\$
Receive Financial Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case Number & Name of Agency			
Claimed as Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Estimated Household Income

Source of Income	Monthly Amount
Wages, Salaries, Tips, Sick Pay, Strike Pay, Rent/Business Income, etc (you and your spouse)	\$
Social Security Retirement, Social Security Survivors, Disability (SSDI), Supplemental Security Insurance (SSI) (provide statement)	\$
Retirement Pension or Annuity Benefits (Include Military Retirement Pay)	\$
Interest or Dividends Earned from any source	\$
Food Assistance (DHS)	\$
Disability Payments (Worker Compensation, Veterans Disability)	\$
Family Independence Program, State Disability Assistance, State Supplemental Security Income (attach copy of annual statement from DHS)	\$
Alimony	\$
Child Support (attach verification)	\$
Unemployment Benefits	\$
OTHER INCOME	\$
(Minus) amount you pay for Medical Insurance)	\$ - ( )
Add Income for all members of Household (not claimed as dependent) Please reference the table above	\$ +
<b>YOUR TOTAL MONTHLY INCOME</b>	<b>= \$</b>
<b>Total Projected Household Income For 20 ____ (Your Total Income x 12 months)</b>	

### ASSET INFORMATION

Do you have an ownership interest in any other real estate?  Yes OR  No

If yes, please list the information below (attach additional sheets if necessary)

Address	Value	Type of Use	Purchase Date	Purchase Price
				\$
				\$
				\$

List all Vehicles, Cars, Trucks, Boats Trailers, ATV's, etc

	Vehicle #1	Vehicle #2	Vehicle #3
Make			
Model			
Year			
Balance Owed			

## Financial Assistance and Property Tax Relief

1. Have you applied for financial assistance with Department of Human Services (DHS) for payment of your taxes to prevent tax foreclosure?

Yes OR  No

Please provide proof of application (determination letter from DHS)

2. Are you (or your spouse) a military veteran?  Yes OR  No

If yes, have you contacted the VA or Veterans Trust Fund for financial assistance?

Yes OR  No

3. Have you applied for a **Poverty Exemption** of property taxes from the city or township based on your income within the last year?

Yes OR  No

Please provide proof of application (determination letter from the Board of Review)

4. Have you contacted your mortgage company to see if they will start an escrow account?

Yes OR  No

### Additional Questions and Requirements:

Are you facing any **special circumstances** which make it hard to pay your delinquent taxes? Please describe (use an additional sheet if necessary)

Do you have a Plan of **Specific Action** that will be taken to pay your delinquent taxes and to avoid future property tax delinquency? If No, how do you plan to pay your property taxes if granted an extension?

**I declare under the penalties of perjury, that all of the information submitted in my application for Hardship Extension is true. I understand that postponement of foreclosure will not affect the Muskegon County Treasurer's right to sell the property at a later foreclosure date. I fully understand that fees and interest will continue to accrue on all tax years delinquent.**

Today's Date \_\_\_\_\_ Your Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Spouse or Co-Owners Signature \_\_\_\_\_

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PAYMENT PLAN FOR FINANCIAL HARDSHIP EXTENSION

PARCEL # \_\_\_\_\_

ADDRESS \_\_\_\_\_

COUNTY TREASURER USE ONLY			
Application:	Date	Monthly Payment Amount	Start Date
Approved <input type="checkbox"/>			
Denied <input type="checkbox"/>	_____	\$ _____	____/____/____

Payments must be made by the 10<sup>th</sup> of each month

Delinquent Taxes for Years \_\_\_\_\_

Current Amount Due \$ \_\_\_\_\_ (this balance does not include future interest/fees)

Number of Payments \_\_\_\_\_

Minimum Payment \$ \_\_\_\_\_ Deadline to pay \_\_\_\_\_

This is the amount that needs to be paid to avoid foreclosure at the end of your **ONE YEAR** Financial Hardship Extension.

I fully understand that if my payment plan does not pay tax years \_\_\_\_\_ by the deadline state above, I will lose all rights and interest in my property to the Muskegon County Treasurer.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Muskegon County Treasurer

Date \_\_\_\_\_