

Current Marital Status

() Married # of Years _____
 () Widowed # of Years _____
 () Single # of Years _____

() Divorced # of Years _____
 () Separated # of Years _____

Applicant Employment Status

() Employed Full-time
 () Employed Part-time
 () Retired – Date _____
 () Laid-off – Date _____
 Possible return date _____
 () Disabled
 () Not working – How long _____
 Occupation _____
 Current or most recent employer _____

Spouse Employment Status

() Employed Full-time
 () Employed Part-time
 () Retired – Date _____
 () Laid-off – Date _____
 Possible return date _____
 () Disabled
 () Not working – How long _____
 Occupation _____
 Current or most recent employer _____

Describe any disability or health problems

Describe any disability or health problems

Resident Information

List ***all people other than yourself*** living in your household during 2017.
 (Attach additional sheet if necessary)

	1	2	3	4
Full Name				
Age				
Relationship				
Occupation				
Annual Income				
	5	6	7	8
Full Name				
Age				
Relationship				
Occupation				
Annual Income				

E. PROPERTY

Are you and/or your spouse the sole owners of the property? Yes _____ No _____

If no, list all owners and their percentage of ownership _____

When was the property purchased? _____ What was the purchase price? \$ _____

Is there currently a Mortgage or Land Contract on the property? Yes _____ No _____

When did the Mortgage or Land Contract begin? _____

* If Mortgage or Land Contract was originated within the last 3 years **attach** a copy of the application for financing, this includes refinancing. *

When will the Mortgage or Land Contract be paid off? _____

What is the monthly Mortgage or Land Contract payment? \$ _____

() With Taxes () Without Taxes () With Insurance () Without Insurance

What is the unpaid balance on the Mortgage or Land Contract? \$ _____

Do you owe any delinquent mortgage payments? Yes _____ No _____

If yes, please list the amount \$ _____

Do you owe any delinquent taxes? Yes _____ No _____

If yes, please list the year(s) and amount(s) _____

Have any improvements, changes or additions been made to the property in the last two (2)

years? Yes _____ No _____ if yes, please explain _____

Are there any changes or additions that need to be made to the property? Yes _____ No _____

If yes, please explain _____

Do you have any ownership in any other real estate? Yes _____ No _____ if yes, please describe the property, location, estimated value and annual property taxes _____

F. ASSET INFORMATION

What are your current assets in addition to the real estate noted previously?

List your assets: (Provide balances as of last December 31st 2017)

	Applicant	Spouse / Other
Name	_____	_____
Cash/ Checking Account	\$ _____	\$ _____
Savings/Money Markets/CD's	\$ _____	\$ _____
Stocks/Bonds/Treasury Bills	\$ _____	\$ _____
Investments (Real & Personal)	\$ _____	\$ _____
Ira's, Annuities	\$ _____	\$ _____
Insurance Policy (surrender-cash value)	\$ _____	\$ _____
Retirement Accounts	\$ _____	\$ _____
Jewelry, Coin Collection, etc.	\$ _____	\$ _____
Gifts/Cash	\$ _____	\$ _____
Other –Explain _____	\$ _____	\$ _____

Vehicle Information

List all motor vehicles in household (whether paid in full or not) including cars, trucks, and recreational vehicles i.e.: boats, motorcycles, motor homes, travel trailers, jet skis, snow mobiles, ATV's, etc.

	MAKE/MODEL/YEAR	BOUGHT OR LEASED	PURCHASE/LEASE PRICE	AMOUNT OWING
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

G. INCOME INFORMATION

Primary Applicants:

List all sources income and indicate the **MONTHLY** amount from each source for **2017**.

	Applicant	Spouse/Other
Name	_____	_____
Age	_____	_____
Employer	_____	_____
Occupation	_____	_____
	Number of Months	Number of Months
Employment	\$ _____ / _____	\$ _____ / _____
Pensions, Ira's, Annuities	\$ _____ / _____	\$ _____ / _____
Social Security	\$ _____ / _____	\$ _____ / _____
Unemployment Compensation	\$ _____ / _____	\$ _____ / _____
Workman's Compensation	\$ _____ / _____	\$ _____ / _____
Welfare Assistance – ADC	\$ _____ / _____	\$ _____ / _____
Alimony	\$ _____ / _____	\$ _____ / _____
Child Support	\$ _____ / _____	\$ _____ / _____
Interest/Dividends	\$ _____ / _____	\$ _____ / _____
Insurance	\$ _____ / _____	\$ _____ / _____
Gifts (Cash, Other)	\$ _____ / _____	\$ _____ / _____
Rental income	\$ _____ / _____	\$ _____ / _____
Other	\$ _____ / _____	\$ _____ / _____
New or Reverse Mortgages	\$ _____ / _____	\$ _____ / _____

Has your income significantly changed in the last year? Yes _____ No _____ If yes, please explain _____

Has anyone in the household sold or given away interest in any property in the last 12 months? If so, please explain _____

H. EXPENSE INFORMATION

Please list all sources of household expenses on a **MONTHLY** basis for calendar year 2017.

House Payment (principal & interest)	\$	/Month for	Months
Association/Condo Fees	\$	/Month for	Months
Property Taxes	\$	/Month for	Months
Special Assessments	\$	/Month for	Months
Home Insurance	\$	/Month for	Months
Car Payment 1 st car	\$	/Month for	Months
Auto Insurance	\$	/Month for	Months
Health Insurance (include prescription coverage)	\$	/Month for	Months
Medical Bills (not covered by insurance)	\$	/Month for	Months
Prescriptions (not covered by insurance)	\$	/Month for	Months
Child Care/Day Care	\$	/Month for	Months
Cable	\$	/Month for	Months
Utilities	\$	/Month for	Months
Other (please explain)	\$	/Month for	Months

Mortgage/Land Contract Balance \$_____ Monthly Payment \$_____

Does this payment include taxes? Yes_____ No _____

Does this payment include insurance? Yes_____ No _____

Have your expenses significantly changed in the last year? Yes _____ No _____

If yes, please explain _____

I. DEBT INFORMATION

Please list any outstanding loans, credit cards, and personal debts.

(Attach additional sheet if necessary)

	TO WHOM	FOR WHAT	MONTHLY PMT	BALANCE
1				
2				
3				
4				
5				
6				

J. APPLICANT CERTIFICATION

I/We am/are unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I/We have read this application fully and understand the contents thereof. I/We declare that the statements made herein are complete, true and correct to the best of my/our knowledge. I/We further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.119 of the Michigan Compiled Laws.

I/We have received and understand a copy of the poverty guidelines.

I also authorize a representative of Woodstock Township Assessing Staff and or Board of Review member to physically inspect my property at some point during the course of this year to ensure accuracy of the property appraisal record card.

Applicant Signature

_____ Date: _____

Spouse

Signature _____ Date: _____

OTHER OWNERS:

_____	DATE: _____
_____	DATE: _____
_____	DATE: _____
_____	DATE: _____

Name of Preparer if other than Applicant

IF AN EXEMPTION IS GRANTED, IT WILL BE IN EFFECT FOR THE CURRENT YEAR ONLY.

WAIVER OF CONFIDENTIALITY

Parcel Number #: _____

Property Address: _____

I (we), _____, hereby consent to the examination of copies of my tax returns and related financial documents, including but not limited to those listed below, by the Woodstock Township Assessor and or designate agent and by the members of Woodstock Township Board of Review:

- Federal Income Tax Returns
- Michigan Income Tax Returns
- Senior Citizens Homestead Property Tax Form
- General Homestead Property Tax Claim Form
- Statements from Social Security Administration

Furthermore, I consent to the discussion of the information contained in my tax returns and related financial documents at a duly convened public meeting of the Woodstock Township Board of Review. By signing this Waiver of Confidentiality, I understand and acknowledge that I am forever giving up any and all possible claims I may have relative to the disclosure of information contained in said tax returns and related financial documents, which claims may arise pursuant to Internal Revenue Code Section 6103, and/or any other federal, state or local statute or regulation.

I have read this document in its entirety and sign this document of my own free will.

Dated: _____

Signature

Print Name

Dated: _____

Signature

Print Name