

CITY OF WESTLAND DEPARTMENT OF ASSESSMENT
36601 Ford Road, Westland, MI 48185 (734) 467-3160

APPLICATION FOR ONE YEAR LOW INCOME / HARDSHIP REDUCTION

Petitioner must attach copies of Federal, State, and Homestead Credit Income Tax Returns for all persons residing in household, along with all other requested documents noted on guidelines. PLEASE PRINT CLEARLY as this form will be used for mailing. Complete all questions. If question does not pertain to you, write in N/A for "not applicable".

Name of Owner: _____ Age: _____

Mailing Address: _____ Phone # _____

City, State, Zip: _____

LIST OCCUPANTS OF HOUSEHOLD	AGE	EMPLOYED?	ANNUAL INCOME	EMPLOYER?
1. _____				
2. _____				
3. _____				
4. _____				

Do you receive: (Write Yes or No and then the amount if applicable)

Child Support? _____ Amount? \$ _____/month	Food Stamps? _____ Amount? \$ _____/month
Alimony? _____ Amount? \$ _____/month	Disability? _____ Amount? \$ _____/month
Social Security? _____ Amount? \$ _____/month	Unemployment? _____ Amount? \$ _____/month
General Assistance? _____ Amount? \$ _____/month	Aid to Dependent Children (ADC)? _____ Amount? \$ _____/month

Amount of money in Savings? \$ _____	Checking? _____	Year property was acquired? _____
Amount of money in stocks/bonds? \$ _____		Years remaining on mortgage? _____
Amount of room & board, including family members? \$ _____		Amount of mortgage payments \$ _____/month
Amount of auto loan payments? \$ _____/month		Are taxes included in mortgage? Yes / No (circle one)

Do you have a disability? Please explain. Medical documentation from the doctor stating disability and the degree of disability is a requirement and must be provided with your application. _____

Do you own any property other than your home in Westland? If so, where: _____

Have you applied for this exemption in previous years? If so, what years? _____

Any extenuating circumstances that the Board of Review should consider? _____

I certify that all statements made in this petition are true and correct. I also understand that failure to provide all requested documents will result in a denial of my appeal. I further understand that if any information is found to be false or incomplete, any relief granted will be forfeited and placed back on the assessment roll with penalties & interest in accordance with Section 211.119 of Michigan Compiled Laws.

Applicant's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE. FOR BOARD OF REVIEW USE ONLY.

_____ Appeal Denied

_____ Reduction Granted

Reason?

Taxable Value Reduced from _____

1. Does not qualify based on guidelines
2. Application not complete, missing information.
3. Did not furnish proper documentation.
4. Other: _____

to _____

If you are not satisfied with the Board's decision, you may further appeal to the State of Michigan Tax Tribunal. Send letter to Michigan Tax Tribunal, PO Box 30232, Lansing, MI 48909. For March appeals, the final date for filing such an appeal is July 31 of the current year. For July or December appeals, the final date for filing such an appeal is within 30 days of the Board of Review's decision.