Tax Foreclosure
Financial Hardship Policy

Property owners who fail to pay delinquent property taxes are subject to losing their property to foreclosure. Foreclosure is the final process in the tax reversion process in which the Circuit Court enters the judgment of foreclosure, the redemption rights will expire on March 31, 2017 and the property is sold at public auction.

The financial hardship policy establishes the guidelines to assist delinquent taxpayers that want to maintain their homestead property or qualified agricultural property (pursuant to MCL 211.7dd). This policy is intended to assist taxpayers to achieve their real property tax obligation and to avoid foreclosure on homestead or qualified agricultural parcels by taxpayers who demonstrate financial hardship contributed to the inability to meet real property tax obligations.

Financial hardship will be considered for the deferral of the foreclosure process for **one year**. Applications for deferral of tax foreclosure of homesteads in Kalamazoo County will be available at the Kalamazoo County Treasurer's Office. The application must substantiate the property as a homestead parcel or qualified agricultural property. **The person applying for the deferral of a tax foreclosure must both own and reside at the property or be a legal guardian or conservator of or have power of attorney over the owner / resident.**

The Treasurer may grant deferral for residential non-homestead parcels involving extraordinary family ownership circumstances.

The applicant must complete an "Application for Hardship Deferral" and provide all required supporting documentation. The applicant must be approved by the Kalamazoo County Treasurer in order for the tax foreclosure to be postponed for **one year.**

The Kalamazoo County Treasurer will take into consideration the income and assets of the person or family applying for the deferral. The income guidelines for the Treasurer's consideration are the "poverty guidelines" as defined by the United States Department of Health and Human Services. Applicants whose income exceeds these guidelines will only be eligible for a deferral if their household has suffered substantial financial hardship due to an unavoidable increase in expenses or an involuntary reduction in income.

This may include, but is not limited to the following:

- Health / medical issues including physical or mental disabilities.
- Outstanding financial obligations due to conditions / factors outside of the individual's control.
- Unemployment due to conditions / factors outside the individual's control.

Applicants must exhaust all potential sources of assistance, including private lending sources.

The Kalamazoo County Treasurer will compile a list of all applicants applying for deferral of tax foreclosure in Kalamazoo County. The final determination to defer the tax foreclosure will be made solely by the County Treasurer. The decision of the County Treasurer shall be mailed to all applicants for the deferral.

The "granting of hardship waivers" only extends the time to pay the delinquent amount due. Interest at 1.5% monthly and any additional expenses continue to accrue on the parcel during the deferral period, increasing the taxpayer's liability.

_____ _____

Mary Balkema
Kalamazoo County Treasurer

Date

APPLICATION INFORMATION FOR DEFERRAL OF TAX FORECLOSURE OF HOMESTEADS IN KALAMAZOO COUNTY

Kalamazoo County requires that any person applying for the deferral of a tax foreclosure must own and occupy the property, or be a legal guardian or conservator or have power of attorney over the owner/resident.

The applicant must complete the Application for Financial Hardship Deferral and attach a copy of each of the following documents:

1. Picture ID of applicant and, if applicable, picture ID of the person whom the applicant is the guardian or conservator of or has power of attorney over.

2. A valid mortgage, deed, or land contract for the property.

3. Federal income tax returns for the last year filled for each resident of the household who filed.

4. Proof of the receipt of any needs-based state or federal assistance for any resident receiving the assistance.

All applicants MUST be approved by the Kalamazoo County Treasurer's Office in order for the tax foreclosure to be postponed one year.

The Kalamazoo County Treasurer's Office will consider the income and assets of the person or family applying for the deferral. Applicants whose income exceeds the Department of Health and Human Services poverty guidelines for 2016 will only be eligible for deferral if his or her household has suffered substantial financial hardship due to an unavoidable increase in expenses or an involuntary reduction in income.

An applicant may be subject to interview or investigation by the Kalamazoo County Treasurer's Office or its agents for purposes of verifying information contained in the application.

Return application to: (by mail) Kalamazoo County Treasurer's Office
201 West Kalamazoo Ave., Room 104
Kalamazoo, MI 49007

(in person) Kalamazoo County Treasurer's Office
Mary Balkema or Megan Buwalda
201 West Kalamazoo Ave., Room 104
Kalamazoo, MI 49007

For questions please call: 269-384-8124

2017 Application for Financial Hardship Deferral
Delinquent Property Tax Foreclosure (2014 tax year)

Name _____ Age _____ Telephone _____
Address _____ City_____ State _____ Zip _____
Property subject to foreclosure: Parcel #_____ Address_____

1) Do you own the property subject to foreclosure? Yes _____ No_____ **If yes, attach a copy of your deed, land contract or other proof of ownership and a copy of your driver's license or other photo ID showing you reside at the property.**
2) Is this your primary residence? Yes_____ No_____
3) If you do not own the property free and clear, what is the balance owing? $_____
4) Do you rent any portion of this property? Yes_____ No_____ If yes, what rent do you receive monthly? $ _____
5) Do you own any other real estate? Yes_____ No_____ If yes, what is the address of the property(s)
_____
6) How many people live in your household? _____

List of All Persons Who Reside in the Applicant's Household:

Full Name_____Age_____Relationship to Homeowner___Applicant_____ Disabled? Yes/No_____ Dependent? Yes/No_____ Gross Annual Income_____
Full Name_____Age_____Relationship to Homeowner_____ Disabled? Yes/No_____ Dependent? Yes/No_____ Gross Annual Income_____
Full Name_____Age_____Relationship to Homeowner_____ Disabled? Yes/No_____ Dependent? Yes/No_____ Gross Annual Income_____
Full Name_____Age_____Relationship to Homeowner_____ Disabled? Yes/No_____ Dependent? Yes/No_____ Gross Annual Income_____
Full Name_____Age_____Relationship to Homeowner_____ Disabled? Yes/No_____ Dependent? Yes/No_____ Gross Annual Income_____
Full Name_____Age_____Relationship to Homeowner_____ Disabled? Yes/No_____ Dependent? Yes/No_____ Gross Annual Income_____
Full Name_____Age_____Relationship to Homeowner_____ Disabled? Yes/No_____ Dependent? Yes/No_____ Gross Annual Income_____
Full Name_____Age_____Relationship to Homeowner_____ Disabled? Yes/No_____ Dependent? Yes/No_____ Gross Annual Income_____
Full Name_____Age_____Relationship to Homeowner_____ Disabled? Yes/No_____ Dependent? Yes/No_____ Gross Annual Income_____

Attach your and any other resident's federal income tax return for the year last filed

7) Do you or any member of your household receive supplemental security income (SSI), Family Independence payments, food stamps, Medicaid, state medical benefits, state-provided child daycare, or other need-based public assistance?
Yes_____ No_____ If yes, list the name of the person and the type and amount of benefit.

Name_____ Type of Assistance_____ Annual Amount_____
Name_____ Type of Assistance_____ Annual Amount_____
Name_____ Type of Assistance_____ Annual Amount_____
Name_____ Type of Assistance_____ Annual Amount_____

Attach proof of receipt of any needs-based state or federal assistance for any resident of this household

Financial Statement – Condition as of Today's Date

Assets		Liabilities	Monthly Payment	Balance Owed
Home	$_____	Mortgage	$_____	$_____
Cash/Savings/Checking	$_____	Credit Card	$_____	$_____
Stocks/Bonds/Securites	$_____	Credit Card	$_____	$_____
Automobiles	$_____	Credit Card	$_____	$_____
Value of Life Insurance	$_____	Automobiles	$_____	$_____
Household assets	$_____	Automobiles	$_____	$_____
Boat	$_____	Other debts	$_____	$_____
IRA/retirement/401K	$_____	Other debts	$_____	$_____
All other assets	$_____			

Monthly Income:		Monthly Expenses:		
Salary	$_____	Electric/Heat	$_____	$_____
Pensions	$_____	Phone	$_____	$_____
Rents	$_____	Cable	$_____	$_____
Unemployment Comp	$_____	Water	$_____	$_____
Workman's Comp	$_____	Garbage	$_____	$_____
Alimony	$_____	Daycare	$_____	$_____
Child Support	$_____	Health Insurance	$_____	$_____
Other Income	$_____	Other Expenses	$_____	$_____

Reduction in Income

Did you or a family member or your household experience an involuntary reduction in annual income last year due to any of the following?

1) Became unemployed or underemployed after a job loss? Yes_____ No_____
2) Became laid off, take family medical leave or go on strike for four weeks for more? Yes_____ No_____
3) Experience a wage reduction? Yes_____ No_____
4) Became self-employed or working on commission? Yes_____ No_____
5) Went on long or short term disability? Yes_____ No_____
6) Became divorced, separated or abandoned? Yes_____ No_____
7) Experienced a significant delay in payment of an approved private or government benefit such as pension or annuity? Yes_____ No_____

**If you answered yes to any of the questions above, how much less was your household income last year than the year before?
$_____

Increase in Expenses

Did your household experience an unavoidable increase in expenses last year due to any of the following?

1) Significant dental or medical payments not covered by insurance? Yes___ No___ If yes, how much $_____
2) Significant uninsured costs resulting from a natural or man-made disaster? Yes___ No___ If yes, how much $_____
3) Major property repairs or maintenance to keep your home livable? Yes___ No___ If yes, how much $_____
4) Major vehicle repairs not covered by insurance? Yes___ No___ If yes, how much $_____
5) Death and/or burial of a member of your family? Yes___ No___ If yes, how much $_____

All statements and attachments are true to the best of my knowledge.

Print Name: _____ Date:_____

Signature: _____ Witness: _____