OSHTEMO CHARTER TOWNSHIP

HARDSHIP FINANCING OR DEFERMENT APPLICATION

FOR SANITARY SEWER PAYMENTS

This form should be completed if you, for reasons of hardship, are unable to finance the private plumbing expenses to connect to public sanitary sewer or are unable to pay the annual payment on your Installment Payment Mortgage Agreement for Sewer with Oshtemo Township. In applying for hardship financing or deferment, you will be required to provide annually:

- 1. Specific income and asset information (for yourself and all individuals residing in your home);
- 2. Proof of your ownership (deed, land contract, or other evidence of ownership) and occupancy of the residence for which you are seeking an exemption;
- 3. State and Federal income tax returns and/or property tax credit returns (for yourself and all individuals residing in your home);
- 4. A valid driver's license or other legally valid form of picture identification;
- 5. Proof that you meet the income and asset standards of the Public Sanitary Sewer Hardship Financing or Deferment Ordinance;
- 6. A completed application, delivered in person, to the Public Works Department after January 1 but no later than March 1 for consideration by the Hardship Advisory Review Committee (HARC) which meets the third week in March to consider applications.

Additionally, <u>you may be required</u> to appear before the HARC at a public meeting to answer questions regarding your application. You may also be subject to an investigation to verify the information submitted in your application and establish that your non-exempt assets do not exceed \$20,000.

These policies are set by the Oshtemo Charter Township Board in compliance with Michigan State Law. The Township will use criteria established in its Public Sanitary Sewer Abatement/Deferral Ordinance to review your application. If you have any questions, please contact the Public Works Department at (www.oshtemo.org/contact/ or (269) 375-4260).

IF YOU ARE UNSURE WHETHER YOU QUALIFY BUT ARE HAVING FINANCIAL DIFFICULTY, PLEASE SUBMIT THE APPLICATION TO SEE IF YOU WOULD QUALIFY FOR ASSISTANCE.

<u>Instructions for filing a claim with the Township Public Works Department:</u>

- 1. Complete the following application in full, but <u>do not sign</u> the form.
- 2. Do not leave any sections blank, if you have questions regarding this form, please contact the Public Works Department for guidance.
- 3. If you require additional space to respond to any of the questions on this form, please attach a typed response, which clearly indicates which question(s) you are providing additional information regarding.
- 4. Completed applications must be delivered in person to the Public Works Department by March 1st.
- 5. Bring copies of all requested documents:
 - a. Previous year State and Federal Tax Returns;
 - b. Proof of ownership/residency/homestead for the residence for which you are requesting a hardship exemption;
- 6. Bring the completed, unsigned, form in person to:

Oshtemo Township Hall 7275 West Main Street, Kalamazoo, MI 49009 (296) 375-4260

- 7. Bring your driver's license, or other legally valid picture identification with you.
- 8. Sign the form when directed by the Township personnel, and provide your ID for photocopying, if requested.

SANITARY SEWER HARDSHIP OR DEFERRAL APPLICATION FORM

| Street Address: | | |
|---|---------------|-------------|
| Parcel Number: 3905 | | |
| SECTION 1: APPLIC | CANT INFORMAT | <u>ΓΙΟΝ</u> |
| Name of Applicant: | | |
| Marital Status (circle one): Married Sir | | |
| Social Security Number: | <u>-</u> | |
| Driver's License/State ID Number: | | |
| Issuing State: | | |
| Phone Number: | | |
| Email address: | | |
| Are you the sole owner of this property? Yes / If no, please provide: Name of Co-Applicant: | | |
| Social Security Number: | | |
| Driver's License/State ID Number: | | |
| Issuing State: | | |
| Phone Number: | | |
| Email address: | | |

SECTION 2: HOUSEHOLD, INCOME, AND ASSET INFORMATION

1. Please provide the following information for all people (including yourself) who live at the above address.

| Name | Relationship | Age | Monthly Income |
|------|--------------|-----|-------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

| 2. Do you currently have a mortgage on this property? Yes / No | |
|---|--|
| If yes, please provide: | |
| Current unpaid balance of your mortgage: \$ | |
| Monthly payment amount: \$ | |
| Name of your mortgage company: | |
| Has the mortgagee been notified regarding the Financing Agreement with the Township? Yes / No | |
| 3. Do you rent or lease any portion of this property? Yes / No If yes, what portion?% Monthly rent collected: \$ | |

4. Please list all household income, and specify which member of your household supplies the income from each applicable source:

| Type of Income | Amount (monthly) | Source (self, co-applicant, etc.) |
|----------------------------|------------------|-----------------------------------|
| Salary/wages | \$ | |
| Social Security | \$ | |
| Pension(s) | \$ | |
| Unemployment | \$ | |
| Disability | \$ | |
| Dividends/ Interest Income | \$ | |
| Workmen's Compensation | \$ | |
| Alimony | \$ | |

| Child Support | \$ |
|---------------|----|
| Rental | \$ |
| Other: | \$ |

Total Monthly \$

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT COPIES OF YOUR LATEST FEDERAL AND STATE INCOME TAX RETURNS (REGARDLESS OF YOUR INCOME) ATTACHED.

1. Please list the following **Bank Account** information for all residents at this address:

| Name(s) on Account | Name of Bank/Credit Union | Current Balance |
|--------------------|---------------------------|--------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

2. Please provide the following information about your monthly expenses:

| Paid to (Company) | Expense Type | Monthly | Outstanding |
|-------------------|---|---------|--------------------------|
| | (utilities, loans, medical bills, etc.) | payment | debt/ account balance |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

3. Do you, or your co-applicant, own other land/houses? Yes / No

If yes, please provide the following:

| Name(s) on Title | Location | Current Value | Outstanding Mortgage Balance | Mortgage Company Information |
|---------------------|----------|------------------|------------------------------------|---------------------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

4. Do you have any other assets (excluding your homestead and normal household goods) which have not otherwise been disclosed in this form? Yes / No.

If yes, please list the assets and their approximate value:

| Asset | Approximate Value |
|-------|-------------------|
| | \$ |
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SECTION 3: CERTIFICATION

Please be aware, <u>any willfully false statements or misrepresentations in this form may constitute perjury</u>, an offense punishable under Michigan law. By signing this form, I acknowledge that the information on this application, and the documents provided by me in support of this application, are, to the best of my knowledge true and correct statements of fact regarding my property, income, and assets.

| I, | | being the owner and resident of the |
|--------------------------|-------------------------------|---|
| Oshtemo Township pro | perty listed on this form, re | quest relief under Public Act 368 of 1978 |
| and Ordinance No | adopted | |
| | | |
| | | |
| | | |
| | | |
| DO NOT SIGN | THIS FORM UNTIL YOU | ARE INSTRUCTED TO DO SO |
| | | |
| | D | |
| Applicant's Signature | D | ate: |
| | | |
| | D | -4 |
| Co-Applicant's Signature | Di | ate: |
| | | |
| | | |
| Applicant(s) presented | picture ID, and signed this f | Form in my presence: |
| Received by: | | Date: |