



COUNTY OF IRON
OFFICE OF THE COUNTY TREASURER

2 SOUTH SIXTH STREET – SUITE 12

CRYSTAL FALLS, MI 49920-1413

P: 906-875-3362

Iron County is an Equal Opportunity Employer

MELANIE CAMPS
COUNTY TREASURER

JENNIFER CURTIS
DEPUTY TREASURER

DANIELLE COONROD
ACCOUNTING CLERK

**POLICY ON WITHHOLDING OF PROPERTY
FORECLOSURE UNDER MCL 211.78h (3) (b)**

It is the policy of the IRON COUNTY TREASURER under MCL 211.78h (3) (b) to grant for a period of not longer than one (1) year the withholding of property from petition for foreclosure to the owners of property when such person is undergoing “substantial financial hardship”. In determining what is “substantial financial hardship” the following will be considered:

- A. Applicant seeking an extension holds title to the property in question.
- B. The “total household resources” of the Applicant seeking an extension shall include all income received by all persons of a household in a tax year while members of a household, increased by the following deductions from federal gross income:
 1. Any net business loss after netting all business income and loss.
 2. Any net rental or royalty loss; and
 3. Any carryback or carryforward of a net operating loss as defined in Section 172 (b) (3) of the Internal Revenue Code.
- C. The “total household resources” of the Applicant seeking an extension meets the federal poverty income standards as defined and determined annually by the United States Office of Management and Budget.
- D. The Applicant makes an appointment for a specific date and time and personally meets with the IRON COUNTY TREASURER to review their facts and circumstances.
- E. The Applicant obtains, completes and files the application form with the IRON COUNTY TREASURER which is signed under penalties of perjury. A copy of the application / form is attached as “Exhibit A”.
- F. If approved, applicant will be required to sign a written agreement that ALL delinquent taxes, interest, penalties and fees, will be paid in full according to the agreement.
- G. Applicant provides identification proof to the IRON COUNTY TREASURER of their identity.

The personnel of the IRON COUNTY TREASURER will investigate and conduct searches of public records to ascertain the accuracy and completeness of all materials submitted by the Applicant. Any inaccuracies or omissions submitted and / or declared by the Applicant of the “total household resources” may disqualify the extension.

The IRON COUNTY TREASURER will provide a written decision to the Applicant either granting or denying the extension under MCL 211.78h (3) (b) within the later of either five (5) business days after the meeting with the Applicant or when all required actions of the policy are filed with the IRON COUNTY TREASURER’s OFFICE. The Iron County Circuit Court may in accordance with MCL 211.78k (4), also grant an extension from foreclosure for “substantial financial hardship”.

Dated: January 13, 2016

Signed: _____

Melanie Camps, Iron County Treasurer

EXHIBIT A

APPLICATION FOR ONE-YEAR HARDSHIP EXTENSION

CONFIDENTIAL INFORMATION IRON COUNTY TREASURERS OFFICE

APPLICANT'S NAME _____ AGE _____

NAME OF SPOUSE OR CO-OWNER (IF APPLICABLE) _____ AGE _____

APPLICANT'S MAILING ADDRESS _____

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT _____

DO YOU CLAIM THIS PROPERTY AS YOUR PRINCIPAL RESIDENCE? () YES () NO

TELEPHONE NUMBER _____

ARE YOU A MILITARY VETERAN? () YES () NO IS YOUR SPOUSE A MILITARY VETERAN? () YES () NO

EMPLOYMENT STATUS AND NAME OF EMPLOYER:

	EMPLOYED	EMPLOYER
SELF	() YES () NO	() FULL TIME () PART TIME
SPOUSE	() YES () NO	() FULL TIME () PART TIME

IF DISABLED, PLEASE PROVIDE DOCUMENTATION OF SOCIAL SECURITY BENEFITS.

DO YOU HAVE ANY MAJOR OR UNUSUAL OUT-OF-POCKET EXPENSES? IF SO, PLEASE LIST THEM BELOW AND PROVIDE VERIFICATION.

TYPE OF EXPENSE	AMOUNT PER YEAR

LIST ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE: (ATTACH ADDITIONAL SHEETS IF NECESSARY)

	1	2	3	4
NAME				
AGE				
RELATIONSHIP				
OCCUPATION				
ANNUAL INCOME				
CLAIMED AS DEPENDENT	() YES () NO	() YES () NO	() YES () NO	() YES () NO

EXHIBIT A

PROPERTY INFORMATION:

PURCHASE DATE: _____ PURCHASE PRICE: _____ (IF PURCHASED IN LAST 3 YEARS)

IF NOT, AMOUNT OF MONTHLY PAYMENT: _____ ARE TAXES INCLUDED? _____

DO YOU OWN THIS PROPERTY FREE AND CLEAR? _____

HAVE ANY IMPROVEMENTS, CHANGES, OR ADDITIONS BEEN MADE TO THE PROPERTY IN THE LAST (2) YEARS? IF SO,
EXPLAIN: _____

ASSET INFORMATION:

DO YOU HAVE OWNERSHIP INTEREST IN ANY OTHER REAL ESTATE (INCLUDING OWNERSHIP VIA PARTNERSHIPS, CORPORATIONS, ETC.) IN MICHIGAN OR ANYWHERE ELSE? () YES () NO IF YES, PLEASE LIST. (ATTACH ADDITIONAL SHEET IF NECESSARY.)

LOCATION	VALUE	TYPE OF USE	PURCHASE DATE	PURCHASE PRICE

WHAT ARE YOUR ASSETS IN ADDITION TO REAL ESTATE?

CASH \$ _____

SAVINGS ACCOUNTS/CERTIFICATES \$ _____

CHECKING ACCOUNTS \$ _____

STOCKS/BONDS \$ _____

INSURANCES-CASH VALUE \$ _____

INVESTMENTS \$ _____

OTHER \$ _____

PERSONAL PROPERTY HELD AS INVESTMENT-

(JEWELRY, COIN COLLECTIONS, ANTIQUE CARS, ETC.) \$ _____

VEHICLES: CARS, TRUCKS, BOATS, TRAILERS, ATV, ETC.

MAKE	#1	#2	#3
MODEL			
YEAR			
VALUE			
BALANCE OWED			

(ATTACH ADDITIONAL SHEET IF NECESSARY)

EXHIBIT A

INCOME INFORMATION:

ESTIMATED HOUSEHOLD INCOME FOR THIS YEAR

SOURCE	AMOUNT PER YEAR
WAGES, SALARIES, TIPS, SICK, STRIKE, AND SUB-PAY, ETC,	\$
SOCIAL SECURITY/ SSI BENEFITS INCOME	\$
RETIREMENT PENSION OR ANNUITY BENEFITS (INCLUDES MILITARY RETIREMENT PAY)	\$
INTEREST AND/ OR DIVIDENDS EARNED (INCLUDES NON TAXABLE INTEREST)	\$
RENT/ BUSINESS OR ROYALTY INCOME	\$
DISABILITY PAYMENTS (WORKERS COMP, VETERANS DISABILITY, PENSION BENEFITS)	\$
ADC, SFA, SDA, RAP/REP-ATTACH COPY OF DSS ANNUAL STATEMENT	\$
ALIMONY	\$
CHILD SUPPORT	\$
UNEMPLOYMENT BENEFITS	\$
OTHER NONTAXABLE INCOME (MILITARY FAMILY ALLOTMENTS, COLLEGE SCHOLARSHIPS, GRANTS, FELLOWSHIPS, ETC.)	\$
LESS AMOUNT <u>YOU PAY</u> FOR MEDICAL INSURANCE	\$ ()
YOUR TOTAL INCOME	
ADD INCOME FOR ALL MEMBERS OF HOUSEHOLD (NOT CLAIMED AS DEPENDENTS) AS SHOWN ON FIRST PAGE OF APPLICATION	\$
TOTAL PROJECTED HOUSEHOLD INCOME FOR THIS YEAR	

ARE YOU FACING ANY SPECIAL CIRCUMSTANCES WHICH MAKE IT HARD TO PAY YOUR DELINQUENT TAXES? PLEASE DESCRIBE. (USE ADDITIONAL SHEET IF NEEDED)

EXHIBIT A

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE ABOVE INFORMATION SUBMITTED IN MY APPLICATION FOR HARDSHIP EXTENSION IS TRUE.

YOUR SIGNATURE _____

SPOUSE OR CO-OWNER'S SIGNATURE _____

DATE _____

I (WE) HEREBY MAKE APPLICATION TO HAVE THE PROPERTY IDENTIFIED ABOVE WITHHELD FROM FORECLOSURE DUE TO SUBSTANTIAL HARDSHIP, PURSUANT TO SECTION 78h OF THE MICHIGAN GENERAL PROPERTY TAX ACT, MCL 211.78h. I (WE) DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I (WE) UNDERSTAND:

- (1) THAT THE AVAILABLE RELIEF IS A WITHHOLDING OF THE PROPERTY FROM FORECLOSURE FOR ONE YEAR ONLY AND THAT I (WE) ARE RESPONSIBLE FOR THE PAYMENT OF THE DELINQUENT TAXES, ALL FEES, PENALTIES AND INTEREST.
- (2) THAT PROVIDING FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL BE GROUNDS TO DENY THIS REQUEST.
- (3) THE REVIEW OF THE DENIAL OF THIS APPLICATION IS LIMITED TO THE REVIEW BY THE CIRCUIT COURT AS PROVIDED FOR IN MCL 211.78k(4).

THE ABOVE STATEMENTS AND MATERIAL PROVIDED ARE TRUE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF AND ARE MADE FOR THE PURPOSE OF OBTAINING A DEFERRAL ON MY (OUR) PROPERTY FOR **DELINQUENT REAL PROPERTY TAXES**. I (WE) UNDERSTAND I (WE) CAN BE PROSECUTED FOR FRAUD IF I (WE) INTENTIONALLY MAKE A FALSE OR MISLEADING STATEMENT OR MISREPRESENT, CONCEAL OR WITHHOLD FACTS FOR THE PURPOSE OF ESTABLISHING OR MAINTAINING MY (OUR) PROPERTY'S ELIGIBILITY.

SIGNATURE/DATE

SIGNATURE/DATE