



SCHOOLCRAFT COUNTY TREASURER'S OFFICE

JANE COUWLIER-BRIDGES, TREASURER

FINANCIAL HARDSHIP APPLICATION FOR
ONE-YEAR EXTENSION FROM FORECLOSURE

PARCEL ID _____

TAXPAYER NAME _____ AGE _____

NAME OF SPOUSE or CO-OWNER (if applicable) _____ AGE _____

PROPERTY ADDRESS _____
Street City

MAILING ADDRESS (if different) _____
Street City State Zip

PHONE NUMBER(S) _____

DEPENDENTS	AGE
_____	_____
_____	_____
_____	_____

EMPLOYMENT INFORMATION	
Company Name _____	Monthly Income \$ _____
Company Address _____ Street City State Zip	
Other Income:	
Social Security: _____	\$ _____
Other (please specify): _____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Income	\$ _____

Did you apply for a poverty exemption with your township/city? _____
Yes No

If Yes: Application Date _____ Was the exemption _____
Granted Denied

If the hardship was granted, please attach a copy to this application.