

Petition Number \_\_\_\_\_ Parcel Number: 22-23-\_\_\_\_\_

SAD Current Year Assessment \_\_\_\_\_ TOTAL REMAINING ASSESSMENT \_\_\_\_\_

**City of Farmington Hills**  
**Application For 2026 Special Assessment Deferment**

This application must be filled out carefully and completely, and it must be signed by **ALL** of the owners of the property for which the deferral is requested. **A copy of Applicant's previous years State and Federal Income Tax Returns, including the Michigan Property Homestead Form, for each person residing in the homestead, must be submitted with this application.** All information supplied will be kept confidential to the extent allowed by law. All applications **MUST** be complete and contain accurate information, or they will not be considered. Applications submitted without completed forms or income tax returns will **NOT** be considered.

**Exemption Qualifiers** (must meet all to be considered)

1. **Must** be a Farmington Hills resident for at least five (5) years and have owned and occupied the property at least five (5) years.
2. **Must** be a citizen of the United States
3. **Must** conform to income guidelines as established and attached to this application.
4. **Must** attach income tax information, both federal and state including Michigan 1040CR Homestead Property Tax Form (or income verification if you do not file) for each person residing in the homestead.
5. **Must** have insufficient liquid assets to meet the annual SAD obligation and the assessed value of the principal residence cannot exceed the citywide average of **\$177,145** for 2025.
6. **Must** complete and sign the "Deferred Special Assessment Agreement and Lien" as required by the Standards and Procedures.
8. The total **annual** special assessment payment must be \$300 or more, excluding interest.

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**APPLICATION DEADLINE**

**FOR ASSESSMENTS LEVIED ON THE SUMMER TAX BILL**  
**FOR ASSESSMENTS LEVIED ON THE WINTER TAX BILL**

**MAY 1**  
**OCTOBER 1**

**Applicant's Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address of property for which relief is being sought:** \_\_\_\_\_

**Length of Time at this Residence** \_\_\_\_\_

**Length of time as a Farmington Hills Resident** \_\_\_\_\_ **US Citizen**  **Yes**  **No**

<b>Applicant's Marital Status:</b>	Married	How Long? _____
	Divorced	How Long? _____
	Widow/Widower	How Long? _____
	Separated	How Long? _____
	Single	How Long? _____

**Employment Status: Please check the applicable box**

_____
_____
_____
_____

Employed Full Time

Employed, Part time

Unemployed

Other, explain \_\_\_\_\_

_____
_____
_____

Disabled

Retired

Laid Off

Usual Occupation: \_\_\_\_\_

Employer:(Last employer if unemployed) \_\_\_\_\_

**If you checked un-employed, laid off, disabled, or retired, how long have you been in this status?** \_\_\_\_\_

DESCRIBE ANY DISABILITY OR HEALTH PROBLEMS YOU HAVE:

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**Co-Owner's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Employment Status: Please check the applicable box**

_____
_____
_____
_____

Employed Full Time

Employed, Part time

Unemployed

Other, explain \_\_\_\_\_

_____
_____
_____

Disabled

Retired

Laid Off

Usual Occupation: \_\_\_\_\_

Employer:(Last employer if unemployed) \_\_\_\_\_

**If the Co-Owner is unemployed, laid off, disabled, or retired, how long has she/he been in this status?** \_\_\_\_\_

DESCRIBE ANY DISABILITY OR HEALTH PROBLEMS CO-OWNER MAY HAVE:

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## Other persons currently residing in homestead:

Name	Age	Relationship	Employment status	Employer or School Attending	Dependent?	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

Does any person listed above **OR ANY OTHER PERSON** make a financial contribution to the household? \_\_\_\_\_

If yes, how much does the person contribute?

Person's name: \_\_\_\_\_

Amount \$ \_\_\_\_\_ monthly \_\_\_\_\_ annually \_\_\_\_\_

Are you and/or your spouse the sole owners of this homestead? \_\_\_\_\_

If no, who else has an interest in the property? \_\_\_\_\_ Explain: \_\_\_\_\_

When did you and/or your spouse purchase this homestead? \_\_\_\_\_

What was the Purchase Price? \$ \_\_\_\_\_ Have improvements, additions, changes been made to this homestead in the past two years? \_\_\_\_\_. If yes, please explain.

Is there a mortgage or land contract balance on the property? \_\_\_\_\_. If yes what is the payment amount? \$ \_\_\_\_\_

Does the payment include taxes or are they paid separately?  Includes taxes  Taxes are separate

What is the remaining amount due on the mortgage or land contract? \$ \_\_\_\_\_ When will it be paid off? \_\_\_\_\_

Are all outstanding taxes paid? \_\_\_\_\_. If no explain \_\_\_\_\_

Did you, your spouse or Co-Owner seek a Special Assessment Deferment last year? \_\_\_\_\_

## OTHER REAL ESTATE HOLDINGS:

Do you, your spouse, Co-Owner, or any other person residing in the homestead have a financial interest in other real estate?

If yes, please provide the following information concerning that financial interest

Location – City & State	Tax I.D. Number of Property	Value of Property	Amount of Equity
		\$	\$
		\$	\$
		\$	\$

## Other ASSETS AND INCOME DATA

LIST ALL SOURCES OF PERSONAL INCOME. INCOME INCLUDES ALL MONEY COMING INTO THE HOUSEHOLD FROM ANY SOURCE OR PERSON.

Source	Annual Income	Source	Annual Income
Employment	\$	Pension	\$
Social Security	\$	Unemployment Compensation	\$
Workman's Comp	\$	Welfare Assistance/Food Stamps	\$
A.D.C.	\$	Alimony	\$
Interest & Dividends	\$	Child Support	\$
Insurance	\$	Gifts/Other	\$

## HOUSEHOLD INCOME

*List the total income for each person residing in the household. Attach additional sheets if necessary.*

Name	Total Income in 2025	Total Income in 2024
Applicant:	\$	\$
Co-Owner:	\$	\$
Other Occupant:	\$	\$
Other Occupant:	\$	\$

ASSETS - List all assets: **Must be completed:**

		Other - describe	Net Value
Cash	\$		
Savings Account(s)	\$		\$
Checking Account	\$		\$
Stocks & Bonds	\$		\$
Certificates	\$		\$
Insurance	\$		\$
Other	\$		\$

VEHICLES - List vehicles(s) members of the homestead own / drive. Include leased vehicles.

Driver or Owner	Year	Make	Model

*Do you anticipate any major changes in income for the coming year? \_\_\_\_\_ If yes explain below.*

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**EXPENSES****Monthly Household:**

House Payment	\$	Water	\$	Electricity	\$
Heating –Gas/Oil	\$	Telephone	\$	Cable T.V.	\$

**MONTHLY MEDICAL EXPENSES:**

Persons Name	Relationship	Hospital	Doctor	Prescriptions
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

**PERSONAL DEBTS:**

Person or Company	Purpose of Debt	Date Debt Incurred	Original Amount of Debt	Monthly Payment	Balance Remaining
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Do you expect to sell the homestead for which Special Assessment Deferment is being sought in the next year? \_\_\_\_\_

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**Applicant's Certification**

I am (We are) unable to pay the special assessment levy on the above described property and hereby make application for deferral in accordance with the City of Farmington Hills SAD Deferment Standards and Procedures. The undersigned applicants acknowledge that they have read, understand and received a copy of the "City of Farmington Hills Standards and Procedure for Special Assessment Deferrals," inclusive of the requirement of entering into and recording the Deferred Special Assessment Agreement and Lien against the property for which the deferral is requested. I (We) have read this application and fully understand the contents thereof. I (we) declare that the statements made herein are complete, true and correct to the best of my (our) knowledge. I (we) further understand that if any information contained herein is found to be false or incomplete, any deferment granted by this application may be forfeited. I (we) further understand that if this application is incomplete or I (we) fail to include all sources of income this application will not be considered. I (we) conform to the attached income and asset guidelines.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **CITY OF FARMINGTON HILLS**

### **SPECIAL ASSESSMENT DEFERMENT** **INCOME GUIDELINES**

#### **Income Guidelines**

The income guidelines used for consideration in determination for special assessment deferral shall be established by the City every year in March. The guideline amounts established by the City for households consisting of one person shall be the same as the maximum household income amount stated in the City of Farmington Hills Guidelines for Poverty Tax Exemption (which are adjusted on an annual basis) and the income guideline amounts for households consisting of more than one person shall increase by the incremental increase for each additional person in the family/household, per Federal Poverty Guidelines as shown on the following guidelines, which shall constitute the initial maximum household income guidelines hereby established for 2026:

<b><u>Family Size</u></b>	<b><u>Max. Household Income (2025)</u></b>
1	\$26,640
2	\$33,550

For families/households with more than 8 persons, add \$6,875 for each additional person.

For purposes of this Policy and the consideration of any deferral applications, household income is as defined by the State of Michigan Income Tax Regulations and as evidenced by Schedule MI 1040 CR-4 of the Michigan Income Tax Return defining household income and shall also include all money coming into the household from any source or person.