

Petition Number _____ Parcel Number: 22-23- _____

SAD Current Year Assessment _____ TOTAL REMAINING ASSESSMENT _____

City of Farmington Hills
Application For 2025 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 a 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 \$166,701 for 2024.
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.

APPLICATION DEADLINE

FOR ASSESSMENTS LEVIED ON THE SUMMER TAX BILL MAY 1
FOR ASSESSMENTS LEVIED ON THE WINTER TAX BILL 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

Applicant's Marital Status:	<input type="checkbox"/>	Married	How Long? _____
	<input type="checkbox"/>	Divorced	How Long? _____
	<input type="checkbox"/>	Widow/Widower	How Long? _____
	<input type="checkbox"/>	Separated	How Long? _____
	<input type="checkbox"/>	Single	How Long? _____

Employment Status: Please check the applicable box

<input type="checkbox"/>	Employed Full Time	<input type="checkbox"/>	Disabled
<input type="checkbox"/>	Employed, Part time	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Laid Off
<input type="checkbox"/>	Other, explain		

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:

Co-Owner's Name: _____ **Age:** _____

Employment Status: Please check the applicable box

<input type="checkbox"/>	Employed Full Time	<input type="checkbox"/>	Disabled
<input type="checkbox"/>	Employed, Part time	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Laid Off
<input type="checkbox"/>	Other, explain		

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:

Other persons currently residing in homestead:

Name	Age	Relationship	Employment status	Employer or School Attending	Dependent?		
					Yes	No	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 2024	Total Income in 2023
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.

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? _____

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 2022:

<u>Family Size</u>	<u>Max. Household Income (2024)</u>
1	\$25,940
2	\$32,665

For families/households with more than 8 persons, add \$5,900 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.