

**Monitor Township
Property Tax Hardship Asset Test**

Should Item Not Apply, Simply Mark "N/A"

Name _____

Address _____

Parcel Number _____

Daytime Phone Number _____

Age ____ Marital Status _____

Is Home Paid in Full? _____

If not, what is the unpaid balance? \$ _____

Monthly Payments _____

Do you own any other property? (second home, land) _____

Address _____

Assessed Value _____

Name of Employer _____

List all sources of Income (i.e. salaries, social security, rents, pensions, disability, dividends, alimony, child support, gifts, loans, lump-sum inheritances, or any other source).

| <u>Source</u> | <u>Amount Monthly</u> |
|---------------|-----------------------|
| _____ | _____ |
| _____ | _____ |

Investments (i.e. stocks, bonds, cd's)

**Other Assets Valued Over \$5,000 (i.e. Jewelry, antiques, artwork, equipment,
Other personal property of value)**

Car Payment and Balance _____

Year and Make of Automobile(s)

**Recreational Vehicle(s) (i.e. campers, motor homes, boats, ATVs, etc.
Payment and Balance** _____

Year and Make of Recreational Vehicle(s)

List of Persons Living With You

Name Relationship Monthly Contributions

List of Personal Debt Including Yearly Medical Expenses:

Expense Amount
