



Office of the County Treasurer

Trisha Nesbitt, Treasurer

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Financial Hardship Application

Name: _____ Parcel ID: _____

Phone Number: _____ Email Address: _____

Address: _____

Do you currently have an extension for a prior year? _____

If yes, have you made all your promised payments? _____

Do you own the property? _____ Is this your primary residence? _____

Are you or any household member a veteran? _____

What is your household monthly income? _____

Do you rent any portion of this property? _____

If yes, what rent do you receive monthly? _____

How many people live in the house? Any children? _____

Does anyone in the household receive public assistance? _____
(SSI, food assistance, cash assistance, subsidized childcare, etc.)

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Describe the hardship causing you to be behind on taxes:

What is your plan to pay the delinquent taxes? How much are you able to pay each month or pay period? **You must enter into a payment plan agreement.**

*The above statements are true to the best of my knowledge and belief are made for the purpose of obtaining a financial hardship one-year extension from foreclosure on my property for delinquent real property taxes. **I understand that 2020 and all prior year taxes must be paid on or before March 31, 2023 to avoid foreclosure.** I understand I can be prosecuted for fraud if I intentionally make a false or misleading statement or misrepresent, conceal, or withhold facts for the purpose of establishing or maintaining my property's eligibility. **I agree to the terms of the payment plan.***

Applicant's Signature

Date

Office Use Only

Agreed upon payment plan:

Signature of Treasurer/Treasurer Staff:

Date: