APPLICATION

Application for One-year Hardship Extension
Confidential Information
St. Joseph County Treasurer's Office

APPLICANT'S NAME_____ AGE _____

NAME OF SPOUSE OR CO-OWNER (if applicable)_____

APPLICANT'S MAILING ADDRESS_____

PROPERTY ADDRESS FOR WHICH RELIEF IS BEING SOUGHT_____

_____

DO YOU CLAIM THIS PROPERTY AS YOUR HOMESTEAD (Principal Residence)? ( ) YES ( ) NO

TELEPHONE NUMBER_____

ARE YOU A MILITARY VETERAN? ( ) YES ( ) NO IS YOUR SPOUSE A MILITARY VETERAN? ( ) YES ( ) NO

EMPLOYMENT STATUS AND NAME OF EMPLOYER:

	EMPLOYED	EMPLOYER	ARE YOU DISABLED?	
SELF	( ) YES ( ) NO	( ) FULL TIME	SELF	( ) YES ( ) NO
		( ) PART TIME		
SPOUSE ( ) YES ( ) NO		( ) FULL TIME	SPOUSE ( ) YES ( ) NO	
		( ) PART TIME		

NATURE OF DISABILITY_____
Please provide documentation of disability.

Do you have any MAJOR OR UNUSUAL OUT-OF-POCKET expenses? If yes, please list them below and provide verification.

TYPE OF EXPENSE	AMOUNT PER YEAR

LIST ALL PERSONS LIVING IN THIS HOME OTHER THAN YOU OR YOUR SPOUSE:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed As Dependent	( ) Yes ( ) No	( ) Yes ( ) No	( ) Yes (No)	

ATTACH ADDITIONAL SHEET, IF NEEDED.