

Calhoun County Treasurer
COVID-19 Hardship Extension Application
2017 Tax Year



Applicant's Name: _____

Phone Number: _____

How long have you lived in the property? _____

Property Subject to Foreclosure:

Parcel # (10 digits): _____

Property Address: _____

Are you on the deed? Yes or No

Income Information

- How many individuals reside in your household? _____

Please list the amounts of income and the source for all individuals living in your household (including yourself)

Name	Age	Net Monthly Income	Income or Assistance Source

Total Monthly Income for All Household Residents = \$ _____

Do not include Food Assistance in Total Monthly Income

Monthly Obligations and Personal Debts: Include utilities, phone, garbage, medicines, credit cards, mortgage payment, car payments, loan payments, garnishments, etc. for all members of household.

General Expenses (MONTHLY):

Mortgage or Land Contract Payment	\$ _____	Electric Bill	\$ _____
Homeowners Insurance	\$ _____	Water/Sewer	\$ _____
Car Payment	\$ _____	Health/Life Insurance (Out of Pocket)	\$ _____
Vehicle Gas	\$ _____	Medical/Dental Costs (Out of Pocket)	\$ _____

Auto Insurance	\$	Monthly Prescriptions	\$
Cable/Internet	\$	Monthly Food Costs (Do not include assistance)	\$
Home Phone	\$	Child Support	\$
Cell Phone Bill	\$	Daycare/Childcare	\$
Gas Bill	\$	Credit Cards	\$

Total Monthly Obligations for Household = \$ _____

How do you plan to catch up your delinquent taxes?

**I DECLARE UNDER PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION SUBMITTED IN
MY APPLICATION FOR HARDSHIP EXTENSION IS TRUE.**

Date _____

Applicant's Signature _____