



# Office of the County Treasurer

## Trisha Nesbitt, Treasurer

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219 East Paw Paw Street, Suite 101  
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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? \_\_\_\_\_

If not, please explain. \_\_\_\_\_

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.)

*Continue onto next page*

Describe the hardship causing you to be behind on taxes:

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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.

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*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 2024 and all prior year taxes must be paid on or before March 31, 2027 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: