



ST. CLAIR COUNTY TREASURER

Kelly Roberts-Burnett
 200 Grand River, Suite 101, Port Huron, MI 48060
 (810) 989-6915 · Fax (810) 985-4795
www.stclaircounty.org

Hardship Deferral Due January 15th

Completion and submission of this application does not guarantee approval.

If more space is needed for any parts of this application add attachments as needed.

Name:	Property ID #(list all that need a deferral):
Mailing Address (If different from property address):	Property Address:
Phone #:	Email address:
Are you the owner of the property? Yes No	Is this property your principal residence? Yes No

List all persons living in this home other than you or your spouse.

	1	2	3	4	5
Name					
Age					
Relationship					
Occupation					
Annual income					
Dependent or minor child					

Employer:
Address:
City/State/Zip/Phone:
Total Monthly income:

Provide proof of income paystub, state aid, Social Security, federal tax return (first 2 pages)

All Statements are true to the best of my knowledge and belief and are made for the purpose of obtaining a hardship deferral on my property for delinquent real property taxes.

Applicant Signature _____ Date _____



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Deferral Application Review

Name:	Parcel:
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ACCEPTED

REJECTED

- Application is complete _____
- Includes Proof of income _____
- Required amount to be paid off prior to approval _____
- No local codes enforcement issues (follow up with unit)
- Provided proof of eligibility for all applicable assistance (follow up with agency)

- Monthly minimum payment of Approved Deferral \$ _____
- Tax years to be paid by 3/31/2023 _____

The signature of the applicant on this form is to acknowledge that monthly recommended payments are to be made in accordance with the above amount. Failure to make payments, or follow up with assistance agencies may result in future denials or foreclosure.

Applicant signature: _____ Date _____

Interview completed by: _____ Date _____