

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)	\$

