

INSTRUCTIONS FOR APPLICANT REQUESTING
CONSIDERATION FOR A POVERTY EXEMPTION

1. Applicants must obtain the proper applications from the Assessor's Office.
Handicapped or infirmed applicants may call the Assessor's Office to make necessary arrangements for assistance.
2. Applicants will not be eligible for consideration if they do not meet the Federal Poverty Guidelines.
3. Applicants must be owners of the property and reside therein.
 - A. Must produce a driver's license or other acceptable methods of identification.
 - B. Must produce a deed, land contract or other evidence of ownership if Assessor requests it.
4. Applicants must fill out application form in its entirety and return it, in person, to this office, except as noted in item 1 above.
 - A. Must not sign it until returned.
 - B. Application must be witnessed by the Assessing Officer or Board of Review.
5. All applicants will submit last year's copies of the following:
 - A. Federal Income Tax Return - 1040 or 1040A.
 - B. State Income Tax Return - MI-1040.
 - C. Homestead Property Tax Claim MI-1040CR.
6. Applications must be filed with the Assessor between February 1 and the second Monday in March.
7. Applications may be reviewed by the Board without applicant being present. However, the Board may request that an applicant be physically present to respond to any questions the Board or Assessor may have. This means that you may be called to appear on short notice.
8. You may have to answer questions regarding your financial affairs, your health, the status of people living in your home before the Board, at a meeting which is open to and will be attended by the public at large.
9. Applicants appearing before the Board will be administered an oath, as follows:

"Do you _____ swear and affirm that evidence and testimony you will give in your own behalf before the Board of Review is the truth, the whole truth, and nothing but the truth, so help you."

Applicant responds, "I do" or "I will."
10. The Supervisor/Assessor must agree to the Board's decision as regards the disposition of all individual poverty claims or the decision is null and void.
11. Applicants will be evaluated based on:
 - A. Data submitted to the Board by petitioner.
 - B. Testimony taken from petitioner and information gathered from any source the Board may wish to use.
12. The Board will also consider all revenue and non-revenue producing assets owned by petitioner in its deliberations as to whether relief should be granted.
13. The Board may grant property tax relief based on poverty annually.
14. A successful applicant may be subject to personal investigation by the Township. This would be done to verify information submitted or statements made to the Assessor or Board of Review in regard to their poverty tax exemption claim.

YEAR _____

PARCEL NO. _____

POVERTY EXEMPTION APPLICATION Confidential Information

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PETITIONER INFORMATION

Name _____ Date of Birth _____
Phone Number: Daytime: () _____ Evening: () _____
Cell Phone: () _____ Beeper: () _____

Property Address for Which Relief is Being Sought:	<u>Marital Status</u>	<u>No. of Years</u>
_____	<input type="checkbox"/> Married	_____
_____	<input type="checkbox"/> Divorced	_____
_____	<input type="checkbox"/> Widowed	_____
_____	<input type="checkbox"/> Separated	_____
_____	<input type="checkbox"/> Single	_____

PETITIONER EMPLOYMENT STATUS:

SPOUSE EMPLOYMENT STATUS:

- Disabled – No of years _____
- Do you qualify for disability benefits? Yes No
- Employed Full-time
- Employed Part-time
- Retired – No of Years _____
- Unemployed – No of Years _____
- Laid-off – No of Years _____
- Other _____

- Disabled – No of years _____
- Do you qualify for disability benefits? Yes No
- Employed Full-time
- Employed Part-time
- Retired – No of Years _____
- Unemployed – No of Years _____
- Laid-off – No of Years _____
- Other _____

Occupation: _____
(If employed)

Occupation: _____
(If employed)

Employer: _____ Employer: _____
Address: _____ Address: _____
Telephone: () _____ Telephone: () _____

Describe any disability or health problems: Describe any disability or health problems:

MORTGAGE INFORMATION

- A. Purchase Date: _____ Amount Paid: _____
- B. Mortgage/Land Contract Balance: _____
- C. Monthly Payment: _____ Does this payment include taxes? Yes No
- D. Number of Years Remaining on the mortgage/land contract: _____
- E. Are your property taxes paid? Yes No
- F. Did you apply for a poverty exemption last year? Yes No
- G. Do you have an ownership interest in any other real estate in Michigan or anywhere else?
 Yes No
If yes, please list:
Location: _____ Tax I.D. No: _____
Current State Equalized Value: _____ Estimated Current Value: _____
Purchase Date: _____ Purchase Price: _____
Attach additional sheet if necessary

- I. Are you and/or your spouse the sole owners of the subject property? Yes No
If no, list all owners and their percentage of ownership:

- J. Have any improvements, changes or additions been made to the property in the last two (2) years?
 Yes No If yes, please explain:

- K. Do you anticipate selling the homestead property for which relief is sought in the next year?
 Yes No Explain:

- L. Does anyone contribute to your support? Yes-Amount \$ _____
 No, Explain:

- M. Is anyone able to contribute to your support? Yes No, Explain:

RESIDENT STATUS

Please list all people currently living in your household other than yourself and spouse:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed as Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heir to Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ASSET INFORMATION

What are your current assets in addition to the real estate noted previously?

Cash \$ _____
 Savings Accounts/Certificates & Money Markets \$ _____
 Checking Accounts \$ _____
 Stocks/Bonds/Treasury Bills \$ _____
 Insurance \$ _____
 Other \$ _____
 Investments \$ _____
 IRA, Keogh, Annuities, Deferred Compensation \$ _____
 Personal property held as an investment \$ _____
 (i.e. gems, jewelry, coin collection, antiques cars etc) \$ _____

Vehicles, Cars, Trucks, Boats, Trailers, etc.

	#1	#2	#3
Make			
Model			
Year			
Value			
Balance Owed			

LOAN DEBT

Do you have other loans or land contracts outstanding? (attach additional sheet if necessary)

To Whom	
Address	
Monthly Payment	
Current Balance	

To Whom	
Address	
Monthly Payment	
Current Balance	

EXPENSE INFORMATION

Average **M-o-n-t-h-l-y** Expenses:

MONTHLY

Rent/House Payment (Principal & Interest)	\$ _____
Life Insurance	\$ _____
Health Insurance	\$ _____
Home Insurance	\$ _____
Auto Insurance	\$ _____
Taxes (Principal Residence)	\$ _____
Taxes on other property	\$ _____
Car Payment	\$ _____
Special Assessment	\$ _____
Utilities:	
Gas/Oil	\$ _____
Electricity	\$ _____
Telephone	\$ _____
Water/Sewer	\$ _____
Child Care	\$ _____
Food/Clothing	\$ _____
Other Loans	\$ _____
Medical	\$ _____
Lawn care/snow removal	\$ _____
Cable/Dish	\$ _____
Other (Specify) Examples: Newspaper, Gasoline Disposal Service, Water Softener, Pet Food, License Plates, Church, Christmas Giving	\$ _____

VERIFICATION OF EXPENSES MAY BE REQUIRED

Do you have any major or unusual expenses? Yes No

If yes, please explain:

(Attach additional sheet if necessary)

INCOME INFORMATION

Please list all sources of your personal income. Please indicate the amount from each source on an **A-n-n-u-a-l** basis.

ANNUALLY

Wages, salaries, tips, sick, strike and subpay, etc.	\$ _____
All interest and dividend income (including non-taxable interest)	\$ _____
Net rent, business or royalty income	\$ _____
Retirement pension and annuity benefits	\$ _____
Name of Payer _____	
Net farm income	\$ _____
Capital gains less capital losses	\$ _____
Alimony and other taxable income	\$ _____
Social Security, SSI or railroad retirement benefits	\$ _____
Child support, WIC	\$ _____
Unemployment compensation and TRA benefits	\$ _____
Workers' compensation, veterans' disability compensation	\$ _____
ADC and GA benefits	\$ _____
All other public assistance payments	\$ _____
Describe _____	
Other Non-taxable income	\$ _____
Describe _____	
TOTAL INCOME:	\$ _____

What was the total income from all sources of everyone living in your household for the past two (2) years?

Last Year _____ Prior Year _____

Do you anticipate any major changes in income for the coming year: Yes No

If yes, please explain: _____

PLEASE READ CAREFULLY:

I/We, am/are unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u Michigan Compiled Laws.

I/We have read this application and fully understand the contents thereof. I/We declare that the statements made herein are complete, true, and correct to the best of my/our knowledge. I/We further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.119 Michigan Compiled Laws.

Signature: _____ Petitioner's

Signature: _____ Spouse's

Subscribed and sworn to before me this _____ day of _____,
20_____.

Notary Public/Assessing Office Staff

_____ County,

My Commission Expires: _____