

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) <small>Examples: Newspaper, Gasoline, Disposal Service, Water Softener, Pet Food, License Plates, Church, Christmas Giving</small> | \$ _____ |

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: _____