

Poverty Exemption Application

I, _____, being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act. The real and personal property of persons who, in the judgment of the board of review, by reason of poverty are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation under this act.

PERSONAL INFORMATION

Property code number: _____

Property description: _____

Property address: _____ Phone () _____

Marital status: _____ Age of applicant: _____ Age of spouse: _____

Number of dependents: _____ Age of dependents: _____

Have you applied for Homestead Property Tax Credit this year? _____ ****Attach copy of 1040 CR**

And all federal and state income tax returns for each person residing in the homestead, filed for current or previous year.

REAL ESTATE

Is home paid for? _____ Unpaid balance _____

Name of mortgage company _____

Monthly Payment _____ How long have you lived at this residence? _____

Do you own or are you buying any other property? _____

If so, list below:

Property Address	Name of Owner	Assessed Value	Amount and Date of Last Taxes Paid

Income earned from above property: \$ _____

EMPLOYMENT

Name of employer _____

Address _____

Phone number () _____

INCOME

List **all** income from salaries, Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensation, dividends, claims and judgments from lawsuits, alimony, child support and any other source.

Source of Income	Monthly or Annual Income

SAVINGS AND INVESTMENTS

List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investment.

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rates	Name on Account	Value of Investment

LIFE INSURANCE

List all policies held by you and your spouse.

Insured	Amount of Policy	Amount Paid Monthly	Paid Up Policy	Name of Beneficiary	Relationship to Insured

MOTOR VEHICLES IN HOUSEHOLD

Make	Year	Monthly Payment	Balance Owed

LIST ALL PERSONS LIVING IN HOUSEHOLD

Last Name First Name	Age	Relationship to Claimant	Place of Employment	Contribution to Family Income

LIST SOCIAL SECURITY NUMBERS OF ALL HOUSEHOLD MEMBERS

- 1.
- 2.
- 3.
- 4.

PERSONAL DEBTS

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

MONTHLY EXPENSES

Utilities _____ Food _____ Phone _____

Clothing _____ Heat _____ Car Expense _____

Other (specify) _____

OTHER ASSETS: List all other assets and their values that are owned or controlled by you or any household member. (For example, boats, coin collection, antiques, silver)

Type of Asset	Value	Income Derived from Assets	Owner

REASON FOR EXEMPTION REQUEST

NOTICE: Any willful misstatements or misrepresentations made on this form may constitute perjury, which under the law, is a felony punishable by fine or imprisonment.

NOTICE: Per MCL 211.7u(2b) a copy of all household members federal income tax returns, state income tax returns (MI-1040) and your Homestead Property Tax Credit claim (MI-1040CR 1,2,3 or 4) must be attached as proof of income.

POLICY & GUIDELINES ACKNOWLEDGMENT:

The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.

_____ by checking the box and initialing, the applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.

NOTE: Do not sign until witnessed by the assessor, board of review member or notary public.

STATE OF MICHIGAN,
COUNTY OF ROSCOMMON

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than mentioned herein.

_____Petitioner

Subscribed and sworn this _____ day of _____, 20 _____.

Signature: _____
Assessor, Board of Review Member or Notary Public

This application shall be filed after January 1, but before the day prior to the last day of March, July, or December Board of Review to the address below:

Board of Review
C/O Assessor
Butterfield Township
3920 S. 13 Mile Rd.
Merritt, MI 49967

FOR BOARD OF REVIEW USE

Disposition by Board of Review

Date _____

Denied: _____ Approved: _____ Assessment reduced to: _____

Chairperson _____

Second Member _____ Third Member _____

DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED IN WRITING TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED WITHIN 35 DAYS OF THE DENIAL A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING. MAIL TO:

Michigan Tax Tribunal P.O. Box 30232, Lansing, MI 48909
Phone: 517-335-9760 Fax: 517-373-1633
E-mail: taxtrib@michigan.gov