

APPLICATION FOR ONE YEAR POVERTY EXEMPTION

Please review the attached Poverty Exemption Guidelines and complete this application and return it to the Assessors Office.

Each application must be accompanied by your most recent copy of all of the following for each occupant of the household:

1. Federal Income Tax Return (For Occupants 18 or older)
2. State of Michigan Income Tax Return (See Item 1.)
3. Michigan Homestead Property Tax Credit Claim (1040-CR)
4. All income statements used to process the above forms (1099, W-2's)
5. Copy of Drivers License (For Occupants 16 or older)

Petitioner #1 Name _____ SS# _____

Petitioner #2 Name _____ SS# _____

Parcel Number of Property _____

Marital Status: _____ Married _____ Widowed _____ Single

Employment Status: _____ Employed _____ Unemployed _____ Retired

Employer:(Last employer if retired or unemployed) _____

Employer Address: _____ Phone Number _____

List all **occupants** of the claimed property and their age and relationship to you and indicate whether claimed as a dependent:

Name	Age	Relationship	Dep(Y/N)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please use additional sheet for more occupants

Do you own this property clear of any mortgages or other liens? _____

If not, what are the monthly payments? _____

Does this payment include taxes? _____ Are taxes paid to date? _____

Please list any additional real property that you own:

Location of real property	Est. of Value	Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

List entire household income for all occupants from all sources:

Attach separate sheet if necessary for additional occupants.

Source	Monthly Amt	Annual Amt
Wages/Salaries/Tips	_____	_____
Social Security/ SSI	_____	_____
Pension or Retirement	_____	_____
Alimony/Child Support	_____	_____
Unemployment/Support	_____	_____
Business/Interest/Investments	_____	_____
Any other Income	_____	_____
Total	_____	_____

List all expenses for the household:

(If the amount is paid annually or less often than monthly, please indicate frequency of payment.)

	Monthly Amt
House payment	_____
Utilities:	
Electric	_____
Gas/Oil/Heat	_____
Telephone	_____
Water/Sewer	_____
Cable	_____
Car payment(s)	_____
Child Care	_____
Food and Clothing	_____
Insurances:	
Life	_____
Health	_____
Home	_____
Auto	_____
Other Expenses	_____
Total Expenses	_____

Please describe any unusual expenses or special circumstances you wish the Board of Review to consider:

Please list all Assets (excluding real property already disclosed on Page 2).

Asset	Amount/Value	Description
Cash	_____	_____
Checking	_____	_____
Savings	_____	_____
Stocks/Bonds/Investments	_____	_____
Vehicles	_____	_____
Vehicles	_____	_____
Boats/RV's/Snowmobiles	_____	_____
Any other Assets	_____	_____

Applicant's Certification (*Must be witnessed by the Board of Review or Notarized*)

I/We appeal for relief from property taxes due to poverty in accordance with MCL 211.7u which states in part that *persons who, in the judgment of the supervisor and 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.* I/We declare that the statements made herein are complete and true and understand that if any information contained herein is found to be false, incomplete or misleading the relief granted by this application will be forfeited and taxes will be levied at their legal rate including any accrued interest and penalty.

Applicant _____ Date _____

Applicant _____ Date _____

Witness _____ Date _____

FOR BOARD OF REVIEW USE ONLY

Disposition by Board of Review

Date: _____

- ☐ Denied
- ☐ Reduce to \$ _____

Board of Review

Supervisor/Assessor

