

Poverty Exemption

MARCH BOARD OF REVIEW

CITY COUNCIL/TOWNSHIP BOARD POLICY FOR APPLICANTS REQUESTING CONSIDERATION UNDER SEC. 211.7U OF THE GENERAL PROPERTY TAX ACT OF 1893 THE MICHIGAN HOMESTEAD POVERTY EXEMPTION

APPLICATION PROCEDURE

1. All applicants must obtain the proper application from the Assessor's Office. Physically disabled or infirmed applicants may call the Assessor's Office to make necessary arrangements for assistance. Applications will be accepted after January 1, through the day prior to the last day of the Board of Review.
2. Applicants will not be eligible for consideration if the income as reported on their income tax forms is greater than the HUD Section 8 Guidelines.
3. All applicants must be the property owners and reside therein.
 - A. Must produce a driver's license or other acceptable method of identification.
 - B. Must produce a deed, land contract or other evidence of ownership if the assessor requests it.
4. All applicants must fill out application form in its entirety and return it, in person, to this office, except as noted in item 1 above.
5. All applicants must submit last years copies of the following for all persons residing in the homestead:
 - A. Federal Income Tax Return – 1040 or 1040A
 - B. W-2 Forms
 - C. Senior Citizens Homestead Property Tax Form MI-1040CR-1
 - D. General Homestead Property Tax Claim MI-1040CR-4
 - E. Statement from Social Security Administration and/or Michigan Social Services as to monies paid to you during previous years.
6. Applications may be filed with this office beginning January 1, but, in any event no later than the day prior to the last day of the Board of Review.

CITY/TOWNSHIP OF _____ BOARD OF REVIEW
HARDSHIP APPLICATION FOR PROPERTY TAX CONSIDERATION

DATE _____ PARCEL IDENTIFICATION NUMBER _____

PROPERTY ADDRESS

PETITIONERS/OWNERS NAME

YEARS OF RESIDENCY

MARITAL STATUS

OF DEPENDENTS

DEEDHOLDER'S NAME

DEEDHOLDER'S ADDRESS

INCOME INFORMATION: YOU MUST LIST ALL INCOME FOR YOU AND YOUR SPOUSE AND ALL OCCUPANTS OF THE HOUSEHOLD.

FILL IN ANNUAL AMOUNTS RECEIVED FOR EACH CATEGORY.

	APPLICANT	SPOUSE	HOUSEHOLD OCCUPANT
SOCIAL SECURITY	\$	\$	\$
WAGES	\$	\$	\$
PENSIONS: STATE WHERE RECD FROM	\$	\$	\$
ARE YOU ON MEDICARE/ MEDIC AID			
OTHER MEDICAL INS. WHO PAYS PREMIUMS			
INTEREST/ DIVIDEND	\$	\$	\$
RENTS/ ROYALTIES	\$	\$	\$
PUBLIC ASSISTANCE	\$	\$	\$
CHILD SUPPORT	\$	\$	\$
UNEMPLOYMENT	\$	\$	\$
WORKERS COMP	\$	\$	\$
OTHER	\$	\$	\$

TOTAL HOUSEHOLD INCOME

AS THE OWNER AND OCCUPANT OF THIS PROPERTY, I REPRESENT THE INFORMATION HEREIN TO BE ACCURATE AND WILL PROVIDE VERIFICATION IF REQUESTED BY THE BOARD OF REVIEW. I DECLARE I AM UNABLE TO BEAR MY FULL SHARE OF THE BURDEN OF TAXATION, AND HEREBY APPLY TO THE BOARD OF REVIEW FOR RELIEF FROM GENERAL PROPERTY TAXATION.

PHONE NUMBER

SIGNATURE OF APPLICANT

YOU MUST DISCLOSE INFORMATION ON ALL OCCUPANTS OF YOUR HOUSEHOLD

	APPLICANT	SPOUSE/PARTNER	HOUSEHOLD OCCUPANT/OWNER
NAME:			
AGE:			
RELATIONSHIP TO APPLICANT:			
CURRENT OR FORMER OCCUPATION:			
EMPLOYER NAME:			
- LENGTH OF EMPLOYMENT			
- SALARY / HOURLY WAGE			
NUMBER OF YEARS RETIRED:			
NUMBER OF YEARS UNEMPLOYED:			
CURRENTLY ON DISABILITY?	YES/NO	YES/NO	YES/NO
LIST ALL REAL ESTATE OWNED: (ATTACH LIST IF NEEDED)			
MORTGAGE ON HOME: (COMPANY NAME AND BALANCE)			
OUTSTANDING LOANS BALANCE & PMTS:			
LIST ALL NAMES ON CURRENT DEED TO HOME:			
DOES ANYONE ELSE HELP YOU FINANCIALLY?	YES/NO	YES/NO	YES/NO
- IF SO, HOW MUCH?			
ASSETS			
CASH/SAVINGS/CHECKING ACCOUNT AMOUNTS:			
T-BILLS/CD'S/STOCKS/ BOND AMOUNTS:			
OTHER INVESTMENTS:			
IRA/KEOGH/DEFERRED COMPENSATION AMOUNTS:			
VEHICLE YR/MAKE/MODEL/ INFO: BALANCE OWED			
OTHER ASSETS:			

EXPENSES

List your monthly financial obligations below:

Mortgage Payment: \$ _____

Second Mortgage/Home Equity: \$ _____

House Insurance: \$ _____

Car Payment: \$ _____

Car Insurance: \$ _____

Utility Bills: \$ _____

Medical Insurance Premiums: \$ _____

Medical Bills: \$ _____

Credit Cards: \$ _____

Notes Payable to Banks*: \$ _____

*Other than house payments, car payments and bills already listed

If you have additional financial obligations not listed above, please attach a separate sheet itemizing each such monthly expense.

For each of the above financial obligations in which you have identified an expense, attach copies of the billings for each item from November and December of the last year. Applicant must attach copies of the checking and savings account bank statements from November and December of the last fiscal year ending on December 31 and a signed copy of the Prior Year's FEDERAL and STATE INCOME TAX RETURNS (and a signed copy of your Prior Year's HOMESTEAD PROPERTY TAX CREDIT FORM if qualified) for each member of the household.

Failure to include this information may result in denial of applications.

I swear under the penalty of perjury that the preceding information is a complete and true statement of the financial condition of the undersigned and the household for which tax relief is requested, and if it is discovered that said information is inaccurate, incomplete or false, in any way, the City of Clawson, in addition to any other remedies it has at law, may revoke any tax relief/exemption granted to me and require me to repay any taxes saved as a of said exemption **plus interest** at the highest rate permitted by law. This statement is filed for the purpose of obtaining property tax relief/exemption and I understand that any relief granted by the City of Clawson Board of Review is for **one year only**.

Dated: _____

Signature of Applicant

****Note**** Please fill out this applications carefully, and answer all questions. If more space is needed, use the back of this form or attach additional sheets. *Please do not staple documents.*

FY 2016 HUD Income Limits

Number of People in Household	Extremely Low Poverty Guidelines
1	\$14,050
2	\$16,050
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580
7	\$36,730
8	\$40,890
For each additional person, add	\$4,060

FOR OFFICE USE ONLY

ASSESSED VALUE: _____

INCOME X 3.5% = NON REFUNDABLE TAXES _____

	RATE	MINIMUM A/V
SENIOR CITIZEN: NON REFUNDABLE + \$1,200 = _____	_____	_____
ALL OTHER: NON REFUNDABLE + \$2,000 = _____	_____	_____

COMMENTS: _____

BOARD OF REVIEW RECOMMENDATION/DECISION: APPROVE ___ DENY ___ AMOUNT\$ _____

Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

INSTRUCTIONS: When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

I, _____, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence: _____

Signature of Person Making Affidavit

Date