

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	\$	\$	\$

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:			
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
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:			
OTHER ASSETS:			

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\$ _____