

**HOME TOWNSHIP, MONTCALM COUNTY**

**P.O. Box 470**

**1251 M - 46**

**EDMORE, MI 48829**

**2020 POVERTY EXEMPTION GUIDELINES**

**POVERTY EXEMPTION REQUIREMENTS**

MCL 211.7u requires the governing body of Home Township to establish policies and guidelines, which the local assessing unit will use to determine whether to grant poverty exemptions.

In order to qualify for the poverty exemption, the applicant must meet ***all*** of the tests set by Home Township. The Board of Review shall follow the Policies and Guidelines when granting or denying a poverty exemption. The standards applicable at the time of the application shall be equally applied to each applicant in the Township.

The Poverty Exemption Policies and Guidelines include Income Standards and Maximum Asset Standards set by Home Township, which are used to determine whether a poverty exemption should be granted. Income Standards may not be set lower than the federal poverty income standards.

A poverty exemption may not be granted to property owned by a corporation or limited liability company.

**PARTIAL POVERTY EXEMPTIONS:**

A partial poverty exemption is an exemption of only a part of the taxable value of the property rather than the entire taxable value. The local assessing unit has the authority to grant a partial poverty exemption.

**FILING FOR THE POVERTY EXEMPTION**

An Applicant must do all of the following ***on an annual basis to apply for a poverty exemption:***

1. Own and occupy the property for which the exemption is requested.
2. File an application with the Township Supervisor, Township Assessor, or Township Board of Review after January 1, but before the day prior to the last day of the Board of Review on a form provided by the local assessing unit.
3. Provide proof of household income by submitting a complete and signed copy of the following, if required to file:
  - Most recent Michigan Homestead Property Tax Credit Claim (MI 1040 CR)
  - Most recent Federal Income Tax return (1040), if you are required to file federal income tax, for all occupants of the home
  - Copy of Applicant's driver's license

Income verification for all persons in the home on the property. Income includes, but is not limited to the following sources:

- a. Money wages and salaries before deductions

- b. Net receipts from non-farm self-employment. These include receipts from a person's business, professional enterprise, or partnership, after deductions for business expenses.
  - c. Regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance including but not limited to Family Independence Program (FIP), Supplemental Security Income (SSI), Emergency Assistance money payments, and non-federally funded General Assistance of General Relief money payments.
  - d. Alimony, child support and military family allotment or other regular support from an absent family member or someone not living in the household.
  - e. Private pensions, government employee pensions, military retirement pay and regular insurance or annuity payments.
  - f. College or university scholarships, grants, fellowships and assistantships.
4. Produce a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
  5. Meet Home Township Poverty Income Standards described in these Guidelines. Describe special circumstances that may affect the application.
  6. Meet Home Township Maximum Asset Standards.
  7. Submit a complete and accurate Poverty Exemption Application. The Application and all requested documents must be given to the Township Supervisor, Township Assessor, or Board of Review.

For purposes of the Poverty Exemption Application Applicants are subject to investigation of their entire financial and property records by Home Township to verify information given or statements made to the Supervisor, Assessor, or Board of Review concerning a poverty exemption application.

Under the Freedom of Information Act, all records submitted to the Board of Review are public record potentially subject to disclosure to the public.

Any willful misstatements or misrepresentations made on an Application for Poverty Exemption may constitute perjury, which under law is a felony punishable by fine or imprisonment.

A claimant may request a poverty exemption and appeal the property's assessment to the Board of Review at their March, July, or December meeting.

### **HOME TOWNSHIP POVERTY INCOME AND ASSET STANDARDS**

To be eligible for a poverty exemption in Home Township, the household income and assets owned by all those living in the household that is the subject of the Application may NOT exceed 135% of the Federal Poverty Level for the year. For the purpose of this Application, the household assets do not include the value of the home or the immediate home site.

## **Recommended documentation checklist**

Copies of the following documents are recommended as applicable for all persons living in the home when applying for a poverty exemption.

### **Identification:**

- Driver's license or State of Michigan ID

### **Proof of Income:**

- Most recent federal and state income tax returns with attachments or signed affidavit for all persons who were not required to file federal or state income tax returns
- Most recent Michigan Homestead Property Tax Credit Claim
- Social Security benefit award letter for previous year (if lost, call 800.772.1213)
- Veterans Benefits statement
- Michigan Department of Human Services benefits, including the Family Independence Plan (FIP), cash assistance, state disability, and Food Assistance Plan (FAP)/Bridge Card benefits
- Income from employment
- Profit and Loss statement for the previous calendar year, if self-employed
- Worker's compensation
- Unemployment benefits
- Income from renters or boarders
- Farm income
- Alimony or child support
- Documentation of college or university scholarships, grants, fellowships, and assistantships

### **Household expenses:**

- Mortgage payment or lease statements for the previous calendar year
- Homeowner's insurance for the previous calendar year
- Heat and electric bills for past 12 months

### **Assets:**

- Bank and/or credit union statements for all savings, checking, draft, and money market accounts or shared accounts dated within 30 days and all statements for the previous calendar year
- Uncashed checks, drafts, and warrants
- Certificates of deposit: statement from financial institution or the certificate itself
- Money held by others: written statement from person holding funds
- Withdrawals of bank deposits and borrowed money
- Gifts, loans, lump-sum inheritances, and one-time insurance payments
- Long term care trust fund: written statement from facility
- Gaming/lottery winnings
- Stocks, bonds: written statement from broker or company
- Lump sum and accumulated benefits
- Vehicles – title, proof of insurance, registration, loan statement, or payment book to any cars, trucks, snowmobiles, campers, boats, farm equipment, motorcycles, and trailers
- Real estate or property: property tax assessment or certified statement of value or county records (primary residence/homestead excluded)
- Most recent pension and/or Individual Retirement Account (IRA) statement and all statements for the previous calendar year for all accounts
- Burial assets and life insurance: all statements for the previous calendar year
- Documentation of other assets of value: jewelry, antiques, artworks, equipment, etc.

***This is not an exhaustive list. Further documentation may be requested at the discretion of the Assessing Department.***

## 2019 HOME TOWNSHIP POVERTY INCOME AND ASSET STANDARDS

<u>Number of persons residing In the principal residence</u>	<u>Maximum Total Household Income</u>
1 person	\$13,000
2 persons	\$17,000
3 persons	\$21,500
4 persons	\$26,000
5 persons	\$30,500
6 persons	\$35,000
7 persons	\$40,000
8 persons	\$44,000
Each additional person	\$5,000

<u>Number of persons residing in the principal residence</u>	<u>Maximum Total Value of Household Assets</u>
1 person	\$15,000
2 persons	\$20,000
3 persons	\$25,000
4 persons	\$30,000
5 persons	\$35,000
6 persons	\$40,000
7 persons	\$45,000
8 persons	\$50,000

## Home Township, Montcalm County Poverty Exemption Request

I, \_\_\_\_\_, Petitioner, being the owner and residing at the property that is listed below as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893. The principal residence of persons who, in the judgment of the township board of review, by reason of poverty are unable to contribute toward the public charge is eligible for exemption in whole or in part from taxation per MCL 211.7u(1).

**In order to be considered complete, this application must:**

- 1) be completed in its entirety,**
- 2) include information regarding all members residing within the household, and**
- 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.**

**PERSONAL INFORMATION:** Petitioner must list all required personal information.

Property Address of Principal Residence:	Daytime Phone Number:	
Age of Petitioner:	Marital Status:	Age of Spouse:
Number of Legal Dependents:	Age of Dependents:	
Applied for Homestead Property Tax Credit (yes or no):	Amount of Homestead Property Tax Credit:	

**REAL ESTATE INFORMATION:** List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property.

Property Parcel Code Number:	Name of Mortgage Company:	
Unpaid Balance Owed on Principal Residence:	Monthly Payment:	Length of Time at This Residence:
Property Description:		

**ADDITIONAL PROPERTY INFORMATION:** List information related to any other property you, or any household member owns.

Do you own, or are buying, other property (yes or no)? If yes, complete the information below.	Amount of Income Earned from Other Property:		
Property Address	Name of Owner(s)	Assessed Value	Amount & Date of Last Taxes Paid
		\$	
		\$	

**EMPLOYMENT INFORMATION:** List your current employment information.

Name of Employer:	Name of Contact Person:
Address of Employer:	Employer Phone Number:

List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income.

Source of Income	Monthly or Annual Income (indicate which)

**CHECKING, SAVINGS AND INVESTMENT INFORMATION:** List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments.

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

**LIFE INSURANCE:** List all policies held by all household members.

Name of Insured	Amount of Policy	Monthly Payment	Policy Paid in Full	Name of Beneficiary	Relationship to Insured

**MOTOR VEHICLE INFORMATION:** All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.

Make	Year	Monthly Payment	Balance Owed

**LIST ALL PERSONS LIVING IN HOUSEHOLD:** All persons residing in the residence must be listed.

First & Last Name	Age	Relationship to Applicant	Place of Employment	Amount of Monetary Contribution to Family

**PERSONAL DEBT:** All personal debt for all household members must be listed.

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

**MONTHLY EXPENSE INFORMATION:** The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.

Heating:	Electric:	Water:
Phone:	Cable:	Food:
Clothing:	Health Insurance:	Garbage:
Daycare:	Car Expense (gas, repair, etc.):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):

**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 Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income. Documentation for all income sources including, but not limited to, credits, claims, Social Security income, child support, alimony income, and all other income sources must be provided at time of application.

**Petitioners: Do not sign this application until witnessed by the Supervisor, Assessor, Board of Review or Notary Public.** (Must be signed by either the Supervisor, Assessor, Board of Review Member or Notary Public)

STATE OF MICHIGAN  
COUNTY OF INGHAM

I, the undersigned Petitioner, hereby declare that the foregoing information is complete and true and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein.

\_\_\_\_\_  
Petitioner Signature

\_\_\_\_\_  
Date

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_

Assessor Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

BOR Member Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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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.

Home Township  
P.O. Box 470  
1251 M - 46  
Edmore, MI 48829

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**DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED BY PETITION TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED TO THE MICHIGAN TAX TRIBUNAL WITHIN 30 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING.**

Michigan Tax Tribunal  
PO Box 30232  
Lansing, MI 48909  
Phone: 517.373.4400  
Fax: 517.373.4493  
E-mail: taxtrib@michigan.gov  
www.michigan.gov/taxtrib