

GUIDELINE RESOLUTION FOR POVERTY EXEMPTION

WHEREAS, the adoption of guidelines for poverty exemptions is required of the Township Board;
and

WHEREAS, the principal residence of persons, who the Supervisor/Assessor and Board of Review determines by reason of poverty to be unable to contribute to the public charge, is eligible for exemption in whole or in part from taxation under Public Act 253 of 2020 (MCL 211.7u); and

WHEREAS, pursuant to PA 253 of 2020, the Township of Crystal, Montcalm County adopts the following guidelines for the Board of Review to implement. The guidelines shall include but not be limited to the specific income and asset levels of the claimant and all persons residing in the household, including any income tax returns, filed in the current or immediately preceding year. To be eligible, a person shall do all the following on an annual basis:

- 1) Be an owner of and occupy as a principal residence the property for which an exemption is requested.
- 2) File a Michigan Department of Treasury Forms 5737 & 5739 Application for MCL 211.7u Poverty Exemption (Exhibit C) with the supervisor/assessor or Board of Review. Application must be accompanied by federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns filed in the immediately preceding year or in the current year or a Michigan Department of Treasury Form 4988, Poverty Exemption Affidavit.
- 3) File a claim reporting that the assets of all persons do not exceed the current asset guidelines as established in Exhibit B. Assets include but are not limited to, real estate other than the principal residence, personal property, motor vehicles, recreational vehicles and equipment, certificates of deposit, savings accounts, checking accounts, stocks, bonds, life insurance, retirement funds, etc.
- 4) Produce a valid driver's license or other form of identification
- 5) Produce, if requested, a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
- 6) Produce the additional following information before the Board of Review will act on a poverty exemption application:
 - Federal Income Tax Return (use Form 4988 if not filing income taxes)
 - State Income Tax Return (use Form 4988 if not filing income taxes)
 - Full year of bank account statements
 - Proof of monthly/yearly income
 - Full year of electric bill copies
 - Full year of heating bill copies
 - Full year of garbage bill copies
 - Full year of cable bill copies
 - Full year of internet bill copies
 - Documentation of food stamp/bridge card payments
 - Any other monthly bill copies

7) Meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services OR by alternative guidelines adopted by the governing body providing the alternative guidelines do not provide eligibility requirements less than the federal guidelines. Alternative guidelines are set forth in Exhibit A.

8) The application for an exemption shall be filed after January 1, but one day prior to the last day of the December Board of Review. A copy of this application is set forth in Exhibit C, also known as Michigan Department of Treasury Form 5737 and Form 5739.

The filing of this claim constitutes an appearance before the Board of Review for the purpose of preserving the right of appeal to the Michigan Tax Tribunal. See Exhibit A for the federal poverty income guidelines which are updated annually by the United States Department of Health and Human Services. The annual allowable income includes income for all persons residing in the principal residence.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Review shall follow the above stated policy and federal guidelines in granting or denying an exemption.

The foregoing resolution offered by _____(Township Board Member).

_____and supported by Township Board

Member_____. Upon roll call vote, the following
voted: "Aye":

_____ "Nay":

_____ The

City/Township Clerk declared the resolution_____.

_____ Clerk

Exhibit A

2025 Poverty Exemption Guidelines – Crystal Township, Montcalm County

(To be used for 2025 applicants per State Tax Commission)

INCOME GUIDELINES

Size of Household	U.S. Federal Income Poverty Guidelines	Crystal Township Income Poverty Guidelines
1	\$15,060	\$15,060
2	\$20,440	\$20,440
3	\$25,820	\$25,820
4	\$31,200	\$31,200
5	\$36,580	\$36,580
6	\$41,960	\$41,960
7	\$47,340	\$47,340
8	\$52,720	\$52,720
Each Additional Person		\$5,380

*Income includes, but is not limited to income from employment, Social Security benefits, Veterans benefits, worker's compensation, unemployment benefits, income from renters or boarders, farm income, alimony or child support, farm income, etc.

Proof of income must be included in the application.

Exhibit B

ASSET TEST

Crystal Township has adopted the following maximum asset standards for the **2025** year. The asset levels do not include the value of your homestead property.

Size of Household	Total Value of Assets (Adopted by Crystal Township 2025)
1	\$25,000
2	\$30,000
3	\$45,000
4	\$50,000
5	\$55,000
6	\$60,000
7	\$65,000
8	\$70,000

*Assets include, but are not limited to stocks, bonds, vehicles (allowed one primary vehicle), boats, campers, farm equipment, motorcycles, trailers, real estate other than the primary residence, Individual Retirement Accounts (IRA), uncashed checks, money held by others, gaming/lottery winnings, federal non-cash benefit programs such as Medicare, Medicaid, food stamps, etc.

PARTIAL POVERTY GUIDELINES

A partial poverty exemption is an exemption of only a part of the taxable value of the property rather than the entire taxable value. Crystal Township Board of Review has the authority to grant a full 100% reduction in taxable value OR a partial exemption equal to a 25%, 50%, or 75% reduction in taxable value OR any other percentage reduction in taxable value approved by the STC. As of 2025, no other percentage reduction in taxable value has been approved for Crystal Township to utilize. Thus:

A full 100% exemption for any applicant that is at or below the above-mentioned income and/or asset test threshold.

A 75% exemption of taxable value for any applicant that is \$0.01 to \$2,500 over the above-mentioned income and/or asset test threshold.

A 50% exemption of taxable value for any applicant that is \$2,501 to \$3,200 over the above-mentioned income and/or asset test threshold.

A 25% exemption of taxable value for any applicant that is \$3,201 to \$4,500 over the above-mentioned income and/or asset test threshold.

POVERTY ELIGIBILITY REQUIREMENTS

TO BE ELIGIBLE, A PERSON SHALL DO ALL THE FOLLOWING ON AN ANNUAL BASIS:

MUST FILE ALL BELOW FORMS

FORM 5737 – APPLICATION

FORM 5739 – AFFIRMATION OF OWNERSHIP & OCCUPANCY

FORM 4988 IF NOT FILING INCOME TAXES

(form numbers can be found in the top left hand corner)

- BE AN OWNER OF AND OCCUPY AS A HOMESTEAD THE PROPERTY FOR WHICH AS EXEMPTION IS REQUESTED
- FILE A CLAIM WITH THE BOARD OF REVIEW ACCOMPANIED BY ***FEDERAL & STATE INCOME TAX RETURN FOR ALL PERSONS IN THE HOMESTEAD***, INCLUDING ANY PROPERTY TAX CREDIT RETURNS FILED IN THE IMMEDIATELY PRECEDING YEAR OR IN THE CURRENT YEAR
- ***IF NOT FILING INCOME TAX RETURN SIGN ADDITION PAPERWORK ** (FORM 4988)***
- PRODUCE A VALID DRIVERS LICENSE OR OTHER FORM OF IDENTIFICATION IF REQUESTED
- PRODUCE A DEED, LAND CONTRACT OR OTHER EVIDENCE OF OWNERSHIP OF THE PROPERTY
- MEET THE FEDERAL POVERTY INCOME STANDARDS AS DEFINED AND DETERMINED ANNUALLY BY THE LOCAL UNIT
- PRODUCE ALL RECORDS OF INCOME (SOCIAL SECURITY, PAYSTUBS, UNEMPLOYMENT ETC)
- PRODUCE ALL RECORDS OF EXPENSES (UTILITY BILLS, PAYMENTS, ETC)
- PRODUCE ANY AND ALL BANK STATEMENTS (SAVINGS ACCOUNTS, CHECKING ACCOUNT, SAVINGS BONDS ETC)
- PRODUCE ANY AND NET RECEIPTS FROM FARM SELF EMPLOYMENT
- ALL PROPERTY OWNERS INTEREST INCOME (***ANY OWNERS – CHILDREN, LIFE ESTATE ANY/OR ALL INTEREST***)
- PRODUCE ALL ALIMONY, CHILD SUPPORT, PUBLIC ASSISTANCE & VETERAN'S PAYMENTS
- PRODUCE ALL COLLEGE OR UNIVERSITY SCHOLARSHIPS OR GRANTS
- ANY ADDITIONAL ELIGIBILITY REQUIREMENTS AS DETERMINED BY THE TOWNSHIP/CITY BOARD OF REVIEW

***** THE APPLICANT IS GIVING PERMISSION TO A PERSONAL INSPECTION BY THE ASSESSOR AND OR BOARD OF REVIEW MEMBER OR SUPERVISOR TO VERIFY INFORMATION SUBMITTED OR STATEMENTS MADE TO THE ASSESSOR, BOARD OF REVIEW OR SUPERVISOR IN REGARD TO POVERTY APPLICATION DEEMED ACCURATE.***

Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

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.

PART 1: PERSONAL INFORMATION — Petitioner must list all required personal information.					
Petitioner's Name				Daytime Phone Number	
Age of Petitioner	Marital Status		Age of Spouse	Number of Legal Dependents	
Property Address of Principal Residence			City	State	ZIP Code
<input type="checkbox"/> Check if applied for Homestead Property Tax Credit			Amount of Homestead Property Tax Credit		
PART 2: 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 at the Board of Review meeting.					
Property Parcel Code Number			Name of Mortgage Company		
Unpaid Balance Owed on Principal Residence		Monthly Payment		Length of Time at this Residence	
Property Description					
PART 3: ADDITIONAL PROPERTY INFORMATION					
List information related to any other property owned by you or any member residing in the household.					
<input type="checkbox"/> Check if you own, or are buying, other property. If checked, complete the information below.				Amount of Income Earned from other Property	
1	Property Address		City	State	ZIP Code
	Name of Owner(s)		Assessed Value	Date of Last Taxes Paid	Amount of Taxes Paid
2	Property Address		City	State	ZIP Code
	Name of Owner(s)		Assessed Value	Date of Last Taxes Paid	Amount of Taxes Paid

PART 4: EMPLOYMENT INFORMATION — List your current employment information.

Name of Employer

Address of Employer

City

State

ZIP Code

Contact Person

Employer Telephone Number

PART 5: INCOME SOURCES

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, for all persons residing at the property.

Source of Income	Monthly or Annual Income (indicate which)

PART 6: 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, for all persons residing at the property.

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

PART 7: LIFE INSURANCE — List all policies held by all household members.

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

PART 8: 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

Continue on Page 3

PART 9: HOUSEHOLD OCCUPANTS — List all persons living in the household.

First and Last Name	Age	Relationship to Applicant	Place of Employment	\$ Contribution to Family Income

PART 10: PERSONAL DEBT — List all personal debt for all household members.

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

PART 11: 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 (type and amount)	Other (type and amount)	Other (type and amount)	
Other (type and amount)	Other (type and amount)	Other (type and amount)	

NOTICE: Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 11: POLICY AND GUIDELINES ACKNOWLEDGMENT

The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the 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.

☐ 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.

PART 12: CERTIFICATION

I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.

Printed Name	Signature	Date
--------------	-----------	------

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal
PO Box 30232
Lansing MI 48909

Phone: 517-335-9760
E-mail: taxtrib@michigan.gov

Affirmation of Ownership and Occupancy to Remain Exempt by Reason of Poverty

This form is issued under the authority of Public Act 253 of 2020.

This form is to be used to affirm ownership, occupancy, and income status. MCL 211.7u(2) provides that, to be eligible for exemption under this section, a person shall, subject to subsection (6) and (8), annually affirm that the applicant owns and occupies, as a principal residence, the property for which an exemption is requested.

PART 1: OWNER INFORMATION — Enter information for the person owning and occupying the residence.			
Owner Name		Owner Telephone Number	
Mailing Address	City	State	ZIP Code
PART 2: LEGAL DESIGNEE INFORMATION (Complete if applicable.)			
Legal Designee Name		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code
PART 3: HOMESTEAD PROPERTY INFORMATION — Enter information for property in which the exemption is being claimed.			
City or Township (check the appropriate box and enter name) <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village		County	
Name of Local School District			
Parcel Identification Number		Year(s) Exemption Previously Granted by Board of Review	
Homestead Property Address	City	State	ZIP Code
PART 4: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.)			
<input type="checkbox"/> I own the property in which the exemption is being claimed.			
<input type="checkbox"/> The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.			
<input type="checkbox"/> After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.			
PART 5: CERTIFICATION			
I hereby certify to the best of my knowledge that the information provided on this form is true and I am eligible to receive an exemption from property taxes by reason of poverty pursuant to Michigan Compiled Law, Section 211.7u.			
Owner or Legal Designee Name (print)		Signature of Owner or Legal Designee	
		Date	
Designee must attach a letter of authority.			
LOCAL GOVERNMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (Attach appeal instructions and provide to owner.)		Tax Year(s) exemption will be posted to tax roll	
CERTIFICATION — I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.			
Assessor Signature		Date Certified by Assessor	

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