

POVERTY ELIGIBILITY REQUIREMENTS

To be eligible, a person shall do all the following on an annual basis:

1. Be an owner of and occupy as a homestead the property for which as exemption is requested.
2. File a claim with the supervisor or board of review, accompanied by federal and state income tax return for all persons residing in the homestead, including any property tax credit returns filed in the immediately preceding year or in the current year.
3. Produce a valid drivers' license or other form of identification if requested.
4. Produce a deed, land contract, or other evidence of ownership of the property for which an exemption is requested if requested.
5. Meet the federal poverty income standards as defined and determined annually by the United States Office of Management and Budget.
6. Produce all records of income (social security, paystubs, unemployment etc.)
7. Produce all records of expenses (utility bills, payments, etc.)
8. Produce any and all bank statements (savings accounts, checking account, savings bonds, etc.)
9. Produce any and net receipts from farm self employment
10. All property owners interest income
(ANY OWNERS - CHILDREN, LIFE ESTATE ANY/OR ALL INTEREST)
11. Any additional eligibility requirements as determined by the township/city board of review.
12. Produce all alimony, child support, public assistance & veteran's payments
13. Produce all college or university scholarships or grants
14. Any additional eligibility requirements as determined by the township/city board of review.
15. A applicant is giving permission to a personal inspection by the assessor and or a board of review member/supervisor of township to verify information submitted or statements made to the assessor, board of review member or supervisor in regards to poverty application deemed accurate.

HARDSHIP EXEMPTION APPLICATION

I, _____, being the owner and resident of the property listed below, apply for tax relief under MCL 211.7u of the General Property Tax Act, (the real and personal property of persons who, in the judgement of the supervisor and board of review, by reason of poverty are unable to contribute toward the public charges, are exempt from taxation under this act).

Property Code Number: _____

Property Description: _____

Property Address: _____ Phone: () _____

Marital Status: _____ Age applicant: _____ Age spouse: _____

Number of Dependents: _____ Age of Dependents: _____

Have you applied for Homestead Property Tax Credit this Year: _____

How much was your Property Tax Credit: _____

ATTACH COPY OF 1040 CR AND FEDERAL OR STATE INCOME TAX RETURN FILED IN THE PRECEDING OR IN THE CURRENT YEAR.

REAL ESTATE: Is home paid for? _____ Unpaid balance: _____

Name of Mortgage Co: _____ Monthly payment: _____

How long have you lived at this residence? _____

Do you own, or are you buying any other property ? _____

If so, list below:

Property Address	Name of Owner	Assessed Value	Amount & Date Last Taxes Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income earned from above property \$ _____

Name of Employer: _____

Address: _____

Phone No. () _____

List all income from salaries. Social Security, rents, pensions, unemployment compensation, disability, government pensions, workers' compensations, dividends, claims and judgments from lawsuits, alimony, child support, government assistance (food stamps) any other income.

*****MUST HAVE COPIES OF ALL INCOME STATEMENTS *****

Source of Income	Monthly or Annual Income
_____	_____
_____	_____
_____	_____
_____	_____

SAVINGS AND INVESTMENTS: List all savings owned by you or your spouse, including savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds or similar investments.

***** MUST HAVE COPIES OF ALL STATEMENTS *****

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

LIFE INSURANCE: List all policies held by you or your spouse

Insured	Amount of Policy	Amt. Paid Monthly	Paid up Policy	Name of Beneficiary	Relationship to Insured

MOTOR VEHICLES IN HOUSEHOLD:

Make	Year	Monthly Payment	Balance Owed

LIST ALL PERSONS LIVING IN HOUSEHOLD:

Last Name	First	age	Relationship to Claimant	Place of Employment	Contribution to income
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PERSONAL DEBTS:

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

MONTHLY EXPENSES:

***** MUST PROVIDE ALL COPIES *****

Utilities: _____ Food: _____

Phone: _____ Clothing: _____

Heat: _____ Car Expencc: _____

Other (Specify): _____

OTHER ASSETS: List all other assets and their values that are owned or controlled by you (for example, boats, coin collection, antiques, silver, campers etc)

***** MUST PROVIDE COPIES OF ALL ASSETS****

Type of Asset	Value	Owner

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.

NOTE: Do not sign until witnessed by the supervisor, assessor, board of review member or notary public.

STATE OF MICHIGAN

COUNTY OF _____

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true that he/she has no money, income or property other than mentioned herein.

Petitioner

Subscribed and sworn this _____ day of _____, 20 _____.

Assessor, Supervisor, Board of Review Member or Notary Public