

B.O.R. Mar Jul Dec
Letter/Appt
Date _____
Time _____
Petition# _____

Year _____
PARCEL NO. _____

POVERTY EXEMPTION APPLICATION

Confidential Information

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PETITIONER INFORMATION

Name _____ Date of Birth _____
Phone Number: Daytime: () _____ Evening() _____
Cell Phone: () _____ Beeper: () _____

Property Address for Which Relief is Being Sought: _____	Marital Status	No. of Year
_____	<input type="checkbox"/> Married	_____
_____	<input type="checkbox"/> Divorced	_____
_____	<input type="checkbox"/> Widowed	_____
_____	<input type="checkbox"/> Separated	_____
_____	<input type="checkbox"/> Single	_____

PETITIONER EMPLOYMENT STATUS:

Disabled – No of years _____
 Do you qualify for disability benefits? Yes No
 Employed Full-time
 Employed Part-time
 Retired – No of Years _____
 Unemployed – No of Years _____
 Laid-off – No of Years _____
 Other _____

Occupation: _____
(If employed)

Employer: _____
Address: _____
Telephone:() _____

SPOUSE EMPLOYMENT STATUS:

Disabled – No of years _____
 Do you qualify for disability benefits? Yes No
 Employed Full-time
 Employed Part-time
 Retired – No of Years _____
 Unemployed – No of Years _____
 Laid-off – No of Years _____
 Other _____

Occupation: _____
(If employed)

Employer: _____
Address: _____
Telephone:() _____

Describe any disability or health problems: Describe any disability or health problems:

MORTGAGE INFORMATION

A. Purchase Date: _____ Amount Paid: _____

B. Mortgage/Land Contract Balance: _____

C. Monthly Payment: _____ Does this payment include taxes? Yes No

D. Number of Years Remaining on the mortgage/land contract: _____

E. Are your property taxes paid? Yes No

F. Did you apply for a poverty exemption last year? Yes No

G. Do you have an ownership interest in any other real estate in Michigan or anywhere else?

Yes No

If yes, please list:

Location: _____ Tax I.D. No: _____

Current State Equalized Value: _____ Estimated Current Value: _____

Purchase Date: _____ Purchase Price: _____

Attach additional sheet if necessary

I. Are you and/or your spouse the sole owners of the subject property? Yes No

If no, list all owners and their percentage of ownership:

J. Have any improvements, changes or additions been made to the property in the last two (2) years?

Yes No If yes, please explain:

K. Do you anticipate selling the homestead property for which relief is sought in the next year?

Yes No Explain:

L. Does anyone contribute to your support? Yes-Amount \$ _____

No, Explain:

M. Is anyone able to contribute to your support? Yes No, Explain:

INCOME INFORMATION

Please list all sources of your personal income. Please indicate the amount from each source on an **Annual** basis.

ANNUALLY

Wages, salaries, tips, sick, strike and subpay, etc.	\$ _____
All interest and dividend income (including non-taxable interest)	\$ _____
Net rent, business or royalty income	\$ _____
Retirement pension and annuity benefits	\$ _____
Name of Payer _____	
Net farm income	\$ _____
Capital gains less capital losses	\$ _____
Alimony and other taxable income	\$ _____
Social Security, SSI or railroad retirement benefits	\$ _____
Child support, WIC (women, infants, children)	\$ _____
Unemployment compensation and TRA benefits	\$ _____
Workers' compensation, veterans' disability compensation	\$ _____
ADC benefits (aid to dependent children)	\$ _____
All other public assistance payments, ie food stamps	\$ _____
Describe _____	
Other Non-taxable income \$ _____	
Describe _____	
TOTAL INCOME: \$ _____	

What was the total income from all sources of everyone living in your household for the past two (2) years?

Last Year _____ Prior Year _____

Do you anticipate any major changes in income for the coming year: [] Yes [] No

If yes, please explain:

PLEASE READ CAREFULLY:

I/We, am/are unable to pay the full property taxes on the above described property and hereby make application for property tax relief in accordance with Section 211.7u Michigan Compiled Laws.

I/We have read this application and fully understand the contents thereof. I/We declare that the statements made herein are complete, true, and correct to the best of my/our knowledge. I/We further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.119 Michigan Compiled Laws.

Petitioner's
Signature: _____

Spouse's
Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public/Assessing Office Staff

_____ County,

My Commission Expires: _____

RESIDENT STATUS

Please list all people currently living in your household other than yourself and spouse:

	1	2	3	4
Name				
Age				
Relationship				
Occupation				
Annual Income				
Claimed as Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heir to Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ASSET INFORMATION

What are your current assets in addition to the real estate noted previously?

Cash \$ _____
 Savings Accounts/Certificates & Money Markets \$ _____
 Checking Accounts \$ _____
 Stocks/Bonds/Treasury Bills \$ _____
 Insurance \$ _____
 Other \$ _____
 Investments \$ _____
 IRA, Keogh, Annuities, Deferred Compensation \$ _____
 Personal property held as an investment \$ _____
 (i.e. gems, jewelry, coin collection, antiques cars etc)\$

Vehicles, Cars, Trucks, Boats, Trailers, etc.

Make	#1	#2	#3
Model			
Year			
Value			
Balance Owed			

LOAN DEBT

Do you have other loans or land contracts outstanding? (attach additional sheet if necessary)

To Whom	
Address	
Monthly Payment	
Current Balance	

EXPENSE INFORMATION

Please list all sources of household expenses on a **MONTHLY** basis.

House Payment (principal & interest)	\$
Child Care/Day Care	\$
Taxes on other property	\$
Special Assessments	\$
Home Insurance	\$
Car Payment 1 st car	\$
Car Payment 2 nd car	\$
Auto Insurance	\$
Health Insurance (include prescription coverage)	\$
Medical Bills (not covered by insurance)	\$
Prescriptions (not covered by insurance)	\$
Cell Phone	\$
Cable/Satellite	\$
Internet	\$
Utilities: gas, electric, water	\$
Other, (please explain)	\$

Have your expenses significantly changed in the last year? Yes [] No [] If yes, please explain:

Do you anticipate any major changes in income for the coming year? Yes [] No [] If yes, please explain; _____

Do you receive assistance or are household expenses paid for by another party? Yes [] No []

***If Yes, please provide a letter from the party including exactly what is paid, when and how much.

DEBT INFORMATION

Please list any outstanding loans, credit cards, and personal debts, (attach additional sheet if necessary)

	TO WHOM	FOR WHAT	MONTHLY PMT	BALANCE
1				
2				
3				
4				
5				
6				

Do you expect to sell the homestead for which the tax relief is being sought in the next year? _____

CHECK LIST
2020 POVERTY EXEMPTION ATTACHMENTS

(Please submit copies only - not originals)

THIS COMPLETED CHECK LIST MUST BE RETURNED WITH THE
REQUEST FOR POVERTY EXEMPTION APPLICATION

Note: Provide proofs for yourself, spouse and OTHERS that are living in the home and not contributing to the expenses.

- _____Mortgage Statement
- _____Second Mortgage or Equity Loan Statement
- _____Federal Income Tax Return (current year)
- _____State Income Tax Return (current year)
- _____Homestead and/or Senior Citizen Tax Credit Application
- _____W-2 Statements from employer
- _____Social Security Statement
- _____Pension- 1099 statement
- _____Unemployment benefits statement
- _____Alimony payment statement
- _____Child support payment statement
- _____ADC/Welfare statement
- _____Savings Account(s) statement
- _____Checking Account(s) statement
- _____Certificates of Deposit - statements
- _____Stocks, Bonds, etc. - statement
- _____Unusual & excessive Medical bills