

Request For Approval of Percentage Reduction in Taxable Value For Poverty Exemptions Under MCL 211.7u

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

This form is to be completed by any local assessing unit requesting to utilize a percentage reduction in taxable value for exemptions granted under MCL 211.7u other than the taxable value reductions permitted by MCL 211.7u(5)(a) and (b)(i). MCL 211.7u(5)(b)(ii) provides that the board of review may grant the poverty exemption, in whole or in part, for any other percentage reduction in taxable value for the tax year in which the exemption is granted, applied in a form and manner prescribed by the State Tax Commission. The local assessing unit is required to complete this form in its entirety and submit to the State Tax Commission for review and approval prior to applying any other percentage reduction in taxable value other than what is permitted in statute.

All parts below must be completed.

PART 1: LOCAL ASSESSING UNIT INFORMATION			
City or Township (check the appropriate box and enter name) ☐ City ☐ Township		County	
City or Township Mailing Address	City	State	ZIP Code
PART 2: PERCENTAGE REDUCTION(S) IN TAXABLE VALUE REQUESTED			
List all requested percentage reductions below:			
PART 3: EXPLANATION OF HOW PERCENTAGE REDUCTION WILL BE CALCULATED AND APPLIED			
Provide an explanation of how the percentage reduction(s) in taxable value will be calculated and applied by the local assessing unit. Attach additional pages if necessary:			
PART 4: CERTIFICATION			
We certify to the best of our knowledge, that the information contained in this form is complete and accurate and that we are authorized to represent the city or township named in this form. We understand that a request for a percentage reduction in taxable value other than what is prescribed in statute must be submitted to and approved by the State Tax Commission prior to use of any other percentage reduction in taxable value by the local assessing unit in granting exemptions under MCL 211.7u.			
City or Township Clerk Name (print)	City or Township Clerk Signature		
Assessing Officer Name (print)	Assessing Officer Signature		

Mail completed form and any attachments to: State Tax Commission, PO Box 30471, Lansing MI 48909;
or e-mail to **State-Tax-Commission@michigan.gov**