Mt. Haley Township Board Resolution to Adopt Poverty Exemption Income Guidelines and Asset Test

WHEREAS the homestead of persons who, in the judgment of the Board of Review, by reason of poverty, are unable to contribute to the public charges is eligible for exemption in whole or part from taxation under the General Property Tax Act; and

WHEREAS the township board is required by Section 7u of the General Property Tax Act, Public Act 206 of 1893 (MCL 211.7u), to adopt guidelines for poverty exemptions.

NOW, THEREFORE, BE HEREBY RESOLVED, pursuant to MCL 211.7u, that Mt Haley Township, Midland 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 property tax credit 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 homestead the property for which an exemption is requested.
- 2) File an Application for Poverty Exemption with the board of review, accompanied by federal and state income tax returns 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. Provide your most current bank statement(s).
- 4) Produce a deed, land contract, or other evidence of ownership of the property for which an exemption is requested.
- 5) Meet the federal poverty income guidelines as defined and determined annually by the United States Department of Health and Human Services. To be eligible for a poverty exemption in Mt Haley Township for 2025 your income may NOT exceed guidelines as outlined in "Exhibit A" See attached.
- 6) Meet additional eligibility requirements as determined by the township board, including: the asset test which will not include the value of the applicant's primary residence, value of the applicant's primary vehicle and all personal property such as clothing and furniture. Applicants with a value of assets equal to or greater than \$10,000 will receive a 0% exemption. Applicants with an asset value of less than \$10,000 are subject to an exemption.

BE IT ALSO RESOLVED THAT the board of review shall follow the above stated policy and federal guidelines in granting or denying an exemption. Board of Review must grant (full) 100%, 50%, and 25% for person who meets eligibility requirements or the Township will need State Tax Commission approval for any other percentage reduction.

requirements of the Township will need State Tax Commission approval for any other percentage reduction.	
The foregoing resolution offered by Board Member <u>Breasbors</u> and supported by Board Member <u>Mc</u>	WD.
Upon roll call vote, the following voted "Aye:" "Nay:" MLEDD, BIETSBUSS, RADOSE, Brown,	Petton
The Supervisor declared the resolution adopted. **Manere Redesse** Clerk	
W D.	

I KANCOU KANOSIC, the duly elected and acting Clerk of Mt. Haley Township, hereby certify that the foregoing resolution was adopted by the township board of said township at the regular meeting of said board held on Feb. 10 2025, at which meeting a quorum was present by a roll call vote of said members as hereinbefore set forth; that said resolution was ordered to take immediate effect.

Karen Radox

"EXHIBIT A" – 2025 TAXABLE VALUE REDUCTION TABLE

Full Exemption Income Levels equal to 100%

1 person		\$15,060
2 person		\$20,440
3 person		\$25,820
4 person		\$31,200
5 person		\$36,580
6 person		\$41,960
7 person		\$47,340
8 person		\$52,720
For each	Additional Person over 8 add	\$ 5,380

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		Dependents			
Property Address of Principal Residence				City			State	ZIP Code	
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					
Proper	ty Description		<u> </u>						
PAR	T 3: ADDITIONAL PRO	PERTY INF	ORMATION						
List information related to any other property owned by you or any member residing in the household.									
Check if you own, or are buying, other property. If che information below.				ecked, complete the	Amount of Income Earned from other Property			m other Property	
1	Property Address			City			State	ZIP Code	
	Name of Owner(s)			Assessed Value	Date of Last Taxes Paid			Amount of Taxes Paid	
	Property Address			City			State	ZIP Code	
2	Name of Owner(s)		Assessed Value	Date of Last Taxes Paid Amou		Amount of Taxes Paid			

PART 9: HOUSEHOLD OCCUPANTS — List all persons living in the household.									
First and Last Name		Age		Relationship to Applicant P		Place	Place of Employment		\$ Contribution to Family Income
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PART 10: PERSONAL DE	BT — List all	personal d	ebt for a	ll hou	sehold memb	ers.			
0 - 114	D	- 6 D - 1-4	Dat		Original Bak	anas M	lo néh	aly Payment	Balance Owed
Creditor	Purpose o	Debt	of De	bt	Original Bal	arice ivi	Onti	ny Fayment	Balarice Owed
				*					
PART 11: MONTHLY EXP	ENSE INFOR	MATION							
The amount of monthly exnecessary.	xpenses relat	ed to the p	rincipal	resid	ence for each	catego	ory n	nust be listed	I. Indicate N/A as
Heating Electric			Water					Phone	
Cable Food			Cloth		ing		Health Insurance		
Garbage Dayca		Daycare				Car Expense (gas, repair, e)
Other (type and amount) Other		Other (type an	her (type and amount)			Othe	Other (type and amount)		
Other (type and amount) Other			Other (type and amount)			Othe	Other (type and amount)		

Poverty Exemption Affidavit

This form is issued under authority of Public Act 206 of 1893; MCL 211.7u.

Signature of Person Making Affidavit

Date