#### **RESOLUTION 2025-01**

# TOWNSHIP OF BARTON PROPERTY TAX POVERTY EXEMPTION GUIDELINES

(Pursuant to Public Act 390 of 1994) Adopted by the Township of Barton Board on January 14, 2025

# Adjusted to Federal Poverty Standards for 2025 Assessments Filing Requirements

In order to file and qualify for the property tax poverty exemption, the claimant must do all of the following and meet each of the following requirements annually:

- 1. Own and occupy the homestead property for which the exemption is requested.
- 2. File a claim with the board of review after January 1st but before the day prior to the last day of the board of review on a form provided by the local assessing unit. (Note: The filing of this claim constitutes an appearance before the March board of review for the purpose of preserving the right to appeal to the Michigan Tax Tribunal.)
- 3. Provide federal and state income tax returns for all persons residing in the homestead including any property tax credit returns. These income tax returns may be those filed in the current year or in the immediate preceding year.
- 4. Produce a valid driver's license or other form of identification if requested by the board of review.
- 5. Produce a deed, land contract, or other evidence of ownership of the property for which an exemption is being requested if required by the board of review.
- 6. Meet the federal poverty income standards as defined and determined annually by the United States Office of Management and Budget which will be discussed later in this bulletin under the heading "Federal Poverty Income Standards".
- 7. Report divestment of assets on the required application form.
- 8. Meet the asset levels set by the Township of Barton Board
- 9. Meet any other tests that may be set by the Township of Barton Board.
- 10. Provide a copy of all bank & financial statements.

#### INCOME STANDARDS

The following are current poverty threshold Income Standards provided by the United States Office of Management and Budget and Issued to Michigan assessors by the Michigan State Tax Commission in Rulletin No. 17 of 2024.

1. In order to meet the requirement of the Income Standards the claimants annual gross household income cannot exceed the amounts stated below.

## FEDERAL POVERTY GUIDELINES TO BE USED IN THE DETERMINATION OF POVERTY EXEMPTIONS FOR 2025

SIZE OF FAMILY UNIT	POVERTY GUIDELINES
	\$ 15,060
2	\$ 20,440
3	\$ 25,820
4	\$ 31,200
5	\$ 36,580
6	\$ 41,960
7	\$ 47,340
8	\$ 52,720
For each additional person, add	\$ 5,380

Ordinary income includes the following:

- 1. Money wages and salaries before any deductions.
- 2. Net receipts from non-farm self-employment. These are receipts from a person's own business, professional enterprise, or partnership, after deductions for business expenses,
- 3. Net receipts from farm self-employment. These are receipts from a farm which one operates as an owner, renter, or sharecropper, after deductions for farm operating expenses,
- 4. Regular payments from Social Security, Railroad Retirement, unemployment compensation, strike benefits from union funds, workers compensation, veteran's payments, or public assistance.
- 5. Alimony, child support, and military family allotments or other regular support from an absent family member for someone not living in the household.
- 6. Private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments.
- 7. College or university scholarships, grants, fellowships, and assistant ships.
- 8. Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

Ordinary income does not include the following, except as provided in number 6 above:

- 1. Money received from the sale or property, such as stocks, bonds, a house, or a car, unless the claimant is in the business of selling such property.
- 2. Withdrawals of bank deposits and borrowed money.
- 3. Income tax refunds and one-time insurance payments.
- 4. Food or housing received in lieu of wages and the value of food and fuel produced and consumed on farms.
- 5. Federal non-cash benefit programs such as Medicare, Medicaid, food stamps and school lunches,
- 6. Gifts and lump-sum inheritances are not considered as ordinary income; however dividends, interest, rental proceeds, royalties, inheritances, and other similar receipts received on a period basis, which may be in the form of a gift or other form, including receipts resulting from divestment of assets, and which may have the appearance of income, shall be considered as unearned income and shall be included in the determination of income eligibility.

## ASSET STANDARDS

#### Asset Eligibility Limitations

\*In order to meet the requirements for assets, the total current fair market value of the claimant's household assets cannot exceed \$6,000.00, excluding homestead and vehicles. \*Claimant may not own more than 1 vehicle per licensed driver in household.

Definition of Assets (Non-Inclusive)

Assets include, but are not limited to the cash value of savings accounts and shares, certificates of deposit, investments such as stocks, bonds, mutual funds, deferred compensation accounts, equity in real estate other than the homestead for which the exemption is claimed, motor vehicles other than one primary transportation vehicle, jewelry, coins and other collectables, precious metals, and other similar possessions which are not essential to the subsistence or health and well-being of the claimant. Gifts, lump-sum inheritances, dividends, interest, rental proceeds, royalties, and other receipts received in the form of a gift, or as a result of asset divestment, shall be considered an asset if received on a one-time lump-sum basis and shall be included in the determination of asset eligibility.

#### Divestment of Assets

Divestment means a transfer of a resource. Transfer of a resource means giving up all or partial ownership in (or rights to) a resource. Examples include, but are not limited to, selling an asset, giving an asset away, refusing an inheritance, giving up the right to receive income, and other similar divestment actions.

If an application for property tax exemption has divested any assets during the period of 36 months preceding the date of the application, then such divestment shall be considered in the determination of eligibility.

### ADDITIONAL STANDARDS

#### Partial Poverty Exemption

Act No 390 of Public Acts of 1994 authorizes partial poverty exemptions. A partial poverty exemption is an exemption of only part of the taxable value of the property for which an exemption is claimed, rather than the entire taxable value.

#### Appeal

A property owner may appeal the March board of review's decision on a poverty exemption claim to the Michigan Tax Tribunal by June 30. An appeal of a July or December board of review poverty exemption decision may be made to the Michigan Tax Tribunal within 30 days of the decision. Appeals are to be made in writing to:

Michigan Tax Tribunal, P.O. Box 30232, Lansing, MI 48909. Resolution proposed by Board Member: David Lange 2nd by Kyle Luce

AYES: 5

NAYES: Q

ABSTAIN:

ABSENT:

Supervisor declared the resolution adopted this 14th of January, 2025.

Cheryl DuKavas

Township of Barton Clerk

#### CERTIFICATION

I, Cheryl DuKavas, Clerk of the Township of Barton, Newaygo County, Michigan, hereby certify that the foregoing resolution was adopted by the Township Board at the regular meeting of said board held on January 14, 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.

Cheryl DuKavas

Township of Barton Clerk

## **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.

PA	RT 1: PERSONAL INFO	RMATION	— Petitioner must	list all required person	nal informati	on		
Peti	tioner's Name			not an roquirou porgon	Daytime Pho			
	of Petitioner	Marital Statu	S	Age of Spouse	al Dependents			
Prop	perty Address of Principal Residence			City	L	State	ZIP Code	
	Check if applied for Hor	mestead P	roperty Tax Credit	Amount of Homestead Prop	perty Tax Credit			
PA	RT 2: REAL ESTATE INF	ORMATIC	N					
	t the real estate information dence of ownership of the	on related property	to your principal res at the Board of Rev	sidence. Be prepared	to provide a	a deed, la	nd contract or other	
Prop	erty Parcel Code Number			Name of Mortgage Compan	у			
Unpa	aid Balance Owed on Principal Resid	ence	Monthly Payment	1	Length of Time at this Residence			
Prop	erty Description							
PAF	RT 3: ADDITIONAL PROF	PERTY IN	FORMATION					
	information related to any			ı or any member resi	ding in the h	ousehold		
	Check if you own, or are information below.	buying, o	ther property. If che	cked, complete the	Amount of Inco	ome Earned fr	om other Property	
1	Property Address			City		State	ZIP Code	
	Name of Owner(s)			Assessed Value	Date of Last Ta	xes Paid	Amount of Taxes Paid	
2	Property Address			City		State	ZIP Code	
۷.	Name of Owner(s)			Assessed Value	Date of Last Ta	xes Paid	Amount of Taxes Paid	

PART 4: EMPLOYMEN	IT INFORMATION	ON — List your	current emple	vmon	+ info +!			
Name of Employer		List your	current emplo	ymen	t information.			
Address of Employer								
The second of Employer			City			State	ZIP Code	
Contact Person	-		Employer Te	lephone	Number			
DADT - WASHINGTON								
PART 5: INCOME SOU	the state of the s							
List all income sources, accounts), unemployme judgments from lawsuit income, for all persons	s, alimony, child	d support friend						
	Source c	of Income			Month	nly or Aı (indicate	nnual Income e which)	
PART 6: CHECKING, SA	AVINGS AND II	NVFSTMENT IN	NEODMATION	ı			Section 2 to the section	
List any and all savings accounts, postal savings persons residing at the p	s owned by all s, credit union s property.	household mer	mhere includi	na hu	nt not limited to: ch stocks, bonds, or	necking similar i	accounts, saving nvestments, for a	
Name of Financial Institution or Investments		Amount on Deposit	Current Interest Rate			Name on Account		
PART 7- I IEE INCLIDAN								
PART 7: LIFE INSURAN	1		Ill household n	nembe	ers.			
Name of Insured	Amount of Policy	Monthly Payments	Policy Pa	id in	Name of Beneficiary		Relationship t Insured	
ART 8: MOTOR VEHIC	LE INFORMATI	ION						
All motor vehicles (includ vithin the household mus	ding motorcycle at be listed.	s, motor homes	s, camper trai	lers, e	etc.) held or owner	d by an	y person residin	
Make		Year		Monthly Payment B		Ва	alance Owed	

					Relationship			60 (11 (1
First and Last Name			Age		to Applicant		of Employment	\$ Contribution to Family Income
						1	or Employment	ranny income
		·		+				
					· · · · · · · · · · · · · · · · · · ·	-		
	· · · · · · · · · · · · · · · · · · ·							
PART 10: PERSONAL DI	EBT — List	all personal d	lebt for	all ho	usehold mem	bers.		
				ate	Contraction and American	T	A CONTRACT OF THE PARTY OF THE	
Creditor	Purpos	se of Debt	of D		Original Bal	ance M	onthly Payment	Poloneo Owed
					Original Da.	ance ivi	Olithiy Fayinelli	Balance Owed
			,					
PART 11: MONTHLY EXP	ENSE INFO	ORMATION						
			-in ain al					
The amount of monthly exnecessary.	yhenses ie	lated to the pr	rincipai	resia	ence for each	catego	ry must be listed.	Indicate N/A as
Heating	Electric			Water				
				Water			Phone	
Cable	Food			Clothir	ng		Health Insurance	
Garbage								
<b>Jarbage</b>		Daycare				Car Ex	pense (gas, repair, etc.)	
Other (type and amount)		Other (type and	amount)			24		
		Saler (type and	amounty			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	10 45 - 10 4 10	- Control (1980)					
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 — Er	nter information for the person ownir	ng and occupyir	na the resi	dence
Owner Name		Owner Teleph	one Number	<u></u>
Mailing Address	City		Ctata	710.0
	•		State	ZIP Code
PART 2: LEGAL DESIGNEE INFORMA	TION (Complete if applicable.)			Selection of the property of the
Legal Designee Name		Daytime Telep	hone Number	
Mailing Address	City		State	ZIP Code
DADT 2. HOMEOTERS				
PART 3: HOMESTEAD PROPERTY INF City or Township (check the appropriate box and enter par	FORMATION — Enter information for p	property in which	the exemp	tion is being claime
	me)	County		3
City Township Village				
Name of Local School District				
Parcel Identification Number	Vear(s) Evernation Dear	in a late		
	Year(s) Exemption Prev	lously Granted by Boa	ard of Review	
Homestead Property Address	City		State	ZIP Code
PART 4: AFFIRMATION OF OWNERSH				
The property in which the exemption as any dwelling with its land and bui  After establishing initial eligibility for I receive a fixed income solely from I rate of inflation, such as federal Suppersonant Section 1 receive 2 rate of inflation, such as federal Suppersonant Section 2 rate of inflation, such as federal Suppersonant Section 2 rate of inflation 2 rate of inflation 3 rate	the exemption, my income and ass	ne. et status has re	mained u	nchanged and/or
I hereby certify to the best of my knowled	Igo that the information and it.		A CONTRACTOR	
I hereby certify to the best of my knowled an exemption from property taxes by reas	son of poverty pursuant to Michigan	this form is true	and I am	eligible to receive
Owner or Legal Designee Name (print)	Signature of Owner or Legal Designee	Complica Law,		
	Control of Logal Dosignee		Da	ate
Designee must attach a letter of author	.:4			
	MENT USE ONLY (DO NOT WRITE			Harry March
Approved Denied (Attach appe	eal instructions and provide to owner.)	Tax Year(s) ex	emption will	be posted to tax roll
<b>CERTIFICATION</b> — I certify that, to the baccurate.	best of my knowledge, the informati	ion contained ir	this form	is complete and
ssessor Signature		Date Certified by	Assessor	