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 o	f Petitioner	Marital Statu	S	Age of Spouse Number of Legal Dependents			Dependents			
0			-	ger spread						
Prope	rty Address of Principal Residenc	e		City	State ZIP Code					
Check if applied for Homestead Property Tax Credit				Amount of Homestead Property Tax Credit						
PAR	T 2: REAL ESTATE IN	FORMATION	ON							
List	the real estate informati	on related	to your principal re	sidence. Be prepared t	to provide a d	eed, lan	d contract or other			
evic	lence of ownership of th	e property	at the Board of Re	view meeting.						
Prope	rty Parcel Code Number			Name of Mortgage Compan	у					
Unpai	d Balance Owed on Principal Resi	idence	Monthly Payment	Length of Time at this Residence						
			, ,	tengui or rime at any residence						
Prope	Property Description									
DAD	T 3: ADDITIONAL PROI	DEDTY INC								
List	information related to a	ny other pr	operty owned by y	ou or any member re	siding in the h	ouseho	ld.			
Check if you own, or are buying, other property. If ch			ecked, complete the Amount of Income Earned from other Property			rom other Property				
LJ	information below.			1						
	Property Address			City		State	ZIP Code			
1	Name of Owner(s)			Assessed Value	Date of Last Taxe	s Paid	Amount of Taxes Paid			
				0		6. .	710.0			
2	Property Address			City		State	ZIP Code			
L						1				

5737, Page 2										
Name of Owner(s)			Assessed Val	ue	Date of Last Taxe	s Paid	Amount of Taxes Paid			
of 4						(Continue 2			
PART 4: EMPLOYMENT IN	FORMATION	I— List your curre	nt employmer	nt informa	ation.					
Name of Employer										
Address of Employer	City			State	ZIP Code					
Contact Person			Employer Tele	Employer Telephone Number						
PART 5: INCOME SOU	RCES									
List all income sources, in accounts), unemploymen and judgments from law source of income, for all p	t compensa suits, alimo	ation, disability, gon ny, child support,	overnment pe friend or fam	nsions, w	orker's compe	nsation,	, dividends, claims			
			Month	ly or Ar	nnual Income					
Source of Income (indicate which)										
PART 6: CHECKING, SAV	INGS AND I	INVESTMENT INF	ORMATION							
List any and all savings of accounts, postal savings, persons residing at the pr	credit union			_		_	·			
		Amount								
Name of Financial Inst or Investments	on De osit	Current Interest Rate	Na	Name on Accoun		Value of Investment				
PART 7: LIFE INSURANCE -	– List all pol	licies held by all ho	ousehold mem	ibers.						
Amount of Name of Insured Polic		of Monthly Pa ments	Policy P in Ful		Name of Beneficia		Relationship to Insured			
							- 200			
<u> </u>										

PART 8: MOTOR VEHICLE INFORMATION

All motor vehicles (include within the household must		es, motor	homes,	campe	r trailers, e	etc.) held	or ow	ned by a	ny person residing
Make		Year		Monthl Pa ment			Balance Owed		
									Continue 3
of4									
PART 9: HOUSEHOLD	OCCUPANTS	— List all	perso	ns livin	g in the h	nouseho	ld.		
First and Last Name					tionship A licant	Place of I		Em 10	\$ Contribution to Famil Income
PART 10: PERSONAL DEBT	— List all pers	onal debt f	for all h	ousehol	d members	S.			
Creditor	Pur ose o	f Debt	Dat of De		ri inal Ba	lanceмо	onthl Pa	nen .	Balance Owed

5737, Page 4

PART 11: MONTHLY EXPENSE INFORMATION									
The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.									
Heating	Electric		Water				Phone		
Cable	Food		Clothing			Health Insurance			
Garbage		Daycare			Ca	Car Expense (gas, repair, etc.)			
Other (type and amount)		Other (type and amount)			Other (Other (type and amount)		
Other (type and amount)		Other (type an	ther (type and amount)			Ot	Other (type and amount)		

Continue and sign

4

of 4

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

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