### **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.

PAR	T 1: PERSONAL INFOR	RMATION -	– Petitioner must li	st all required person	al informatio	n.			
Petitioner's Name					Daytime Phone	Daytime Phone Number			
Age of Petitioner Marital Status				Age of Spouse	Number of Legal Dependents				
Propert	y Address of Principal Residence			City		State	ZIP Code		
	Check if applied for Hor	mestead Pr	operty Tax Credit	Amount of Homestead Prope	erty Tax Credit	·			
PAR	T 2: REAL ESTATE INF	ORMATIO	N						
	the real estate information				to provide a	deed, lan	d contract or other		
Propert	ty Parcel Code Number			Name of Mortgage Company	У				
Unpaid	Balance Owed on Principal Resid	ence	Monthly Payment		Length of Time at this Residence				
Propert	ty Description				•				
PAR	T 3: ADDITIONAL PRO	PERTY INF	FORMATION						
List i	nformation related to an	y other pro	perty owned by you	u or any member resi					
Check if you own, or are buying, other property. If che information below.				ecked, complete the	Amount of Inco	ome Earned fr	om other Property		
	Property Address			City		State	ZIP Code		
1				<u> </u>					
	Name of Owner(s)			Assessed Value	Date of Last Ta	ixes Paid	Amount of Taxes Paid		
	Property Address			City		State	ZIP Code		
2	Name of Owner(s)			Assessed Value	Date of Last Ta	ixes Paid	Amount of Taxes Paid		
i I									

PART 4: EMPLOYMENT INFORMATION — List your current employment information.									
Name of Employer									
Address of Employer				City			State	ZIP Code	
Contact Person			Employer Telephone Number					•	
PART 5: INCOME SOURCE	CES								
List all income sources, in accounts), unemployment judgments from lawsuits, income, for all persons res	compensa alimony, ch	tion, d nild su	lisability, gove pport, friend	ernment pe	nsions, \	worker's comper	sation, div	idends, claims and	
	Source	e of In	ncome		Monthly or Annual Incon				
							·		
PART 6: CHECKING, SAV	/INGS ANI	INVI	ESTMENT IN	FORMATION	NC				
List any and all savings accounts, postal savings, persons residing at the pro-	credit unio								
Name of Financial Inst			Amount n Deposit	Current Interest Ra	·		ount	Value of Investment	
PART 7: LIFE INSURANCE	<b>E</b> — List a	II polic	cies held by a	II househol	d memb	ers.			
Name of Insured	Amount Policy		Monthly Payments		Paid in	Name of Beneficiary		Relationship to Insured	
PART 8: MOTOR VEHICL	E INFORM	IATIO	N	l		<u> </u>		_	
All motor vehicles (includ within the household must		ycles,	motor home	s, camper	trailers,	etc.) held or ov	vned by ar	ny person residing	
Make			Year		Monthly Payment		В	Balance Owed	

PART 9: HOUSEHOLD OC	CUPANTS -	– List all pe	ersons li	ving i	n the househo	old.			
First and Last Name			<b>A</b> ge	Relationship to Applicant		Place o	Place of Employment		\$ Contribution to Family Income
PART 10: PERSONAL DE	BT — List all	personal d	lebt for a	all hou	usehold memb	oers.			
Creditor	Purpose (	of Debt	Dat of De		Original Ral	ance Mc	nnth	ly Payment	Balance Owed
orcanor	T di pose	or Best	0, 50	, DC	Original Dai	unoc ivic	<u> </u>	iy i uyillelit	Bularioc Owea
PART 11: MONTHLY EXPI	ENSE INFOR	RMATION							
The amount of monthly ex necessary.	The amount of monthly expenses related to the principal residence for each category must be listed. Indicate N/A as necessary.								
Heating Electric			Water			F	Phone		
Cable Food			Clothing		ng	He		Health Insurance	
Garbage		Daycare	aycare		Car Ex	Car Expense (gas, repair, etc.)			
Other (type and amount) Other		Other (type an	Other (type and amount)			Other (	Other (type and amount)		
Other (type and amount) Other			Other (type and amount)			Other (	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						
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 — Enter infor	mation for the	e person owning an	d occupying t	he resid	ence.
Owner Name			Owner Telephone	Number	
Mailing Address	Cit	ty		State	ZIP Code
PART 2: LEGAL DESIGNEE INFORMATION (C	Complete if ap	plicable.)		<b>'</b>	
Legal Designee Name	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	Daytime Telephon	e Number	
Mailing Address	Cit	ty		State	ZIP Code
PART 3: HOMESTEAD PROPERTY INFORMA	TION — Enter	information for prope	erty in which the	exempt	ion is being claimed.
City or Township (check the appropriate box and enter name)  City Township Village			County	· · · ·	
Name of Local School District					
Parcel Identification Number	Ye	ar(s) Exemption Previously	Granted by Board	of Review	
Homestead Property Address	Cit	ty		State	ZIP Code
PART 4: AFFIRMATION OF OWNERSHIP, OCC	CUPANCY, AI	ND INCOME STATI	JS (Check all	boxes t	hat apply.)
<ul> <li>☐ I own the property in which the exemption is being claimed.</li> <li>☐ The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.</li> <li>☐ After establishing initial eligibility for the exemption, my income and asset status has remained unchanged and/or I receive a fixed income solely from public assistance that is not subject to significant annual increases beyond the rate of inflation, such as federal Supplemental Security Income or Social Security disability or retirement benefits.</li> </ul>					
PART 5: CERTIFICATION					
I hereby certify to the best of my knowledge that an exemption from property taxes by reason of		•			•
Owner or Legal Designee Name (print)	Signature of Owner	er or Legal Designee		Da	ate
Designee must attach a letter of authority.					
LOCAL GOVERNMENT I	USE ONLY (	OO NOT WRITE BE	LOW THIS LI	NE)	
Approved Denied (Attach appeal instructions and provide to owner.)					I be posted to tax roll
<b>CERTIFICATION</b> — I certify that, to the best of accurate.	f my knowled	ge, the information	contained in	this forr	m is complete and
Assessor Signature			Date Certified by A	Assessor	

### **Poverty Exemption Affidavit**

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

**INSTRUCTIONS:** When completed, this document must accompany a taxpayer's Application for Poverty Exemption filed with the supervisor or the board of review of the local unit where the property is located. MCL 211.7u provides for a whole or partial property tax exemption on the principal residence of an owner of the property by reason of poverty and the inability to contribute toward the public charges. MCL 211.7u(2)(b) requires proof of eligibility for the exemption be provided to the board of review by supplying copies of federal and state income tax returns for all persons residing in the principal residence, including property tax credit returns, or by filing an affidavit for all persons residing in the residence who were not required to file federal or state income tax returns for the current or preceding tax year.

I	swear and aff	irm by my signature below that I
		on for Poverty Exemption and that
	, , ,	ed to file a federal or state income
tax return.		
Address of Principal Residence:		
-		
Signature of Por	eon Making Affidavit	
Signature of Pers	son Making Affidavit	Date

## **POVERTY GUIDELINES**

IF THE APPLICATION IS COMPLETE, AND THE APPLICANT'S ASSET DO NOT EXCEED THE THRESHOLD, INCOME WILL BE ADJUSTED AS FOLLOWS:

Income that is below the federal poverty guidelines shall be granted a 100% reduction of taxable value.

Income that exceeds the federal poverty guidelines by 20% or less shall be granted a 50% reduction of taxable value.

Income that is greater than 20% but less than 30% shall receive a 25% reduction in taxable value.

THE APPLICANT MUST HAVE TOTAL HOUSEHOLD ASSETS OF LESS THAN AN AMOUNT EQUAL TO THE FEDERAL POVERTY INCOME STANDARDS FOR THE APPLICANT'S SIZE OF FAMILY UNIT AS DETERMINED ANNUALLY BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (GREY COLUMN ONLY).

THE ASSET VALUE SHALL BE DETERMINED BY THE ASSESSOR AND BOARD OF REVIEW AND SHALL EXCLUDE THE REAL ESTATE VALUE OF THE HOMESTEAD.

Size of Family Unit	Poverty Guidelines & Asset Threshold	50% Reduction (20% or less) Income Threshold	25% Reduction (>20% & <30%) Income Threshold)
1	\$ 13,590	\$ 16,308	\$ 17,667
2	\$ 18,310	\$ 21,972	\$ 23,803
3	\$ 23,030	\$ 27,636	\$ 29,939
4	\$ 27,750	\$ 33,300	\$ 36,075
5	\$ 32,470	\$ 38,964	\$ 42,211
6	\$ 37,190	\$ 44,628	\$ 48,347
7	\$ 41,910	\$ 50,292	\$ 54,483
8	\$ 46,630	\$ 55,956	\$ 60,619
For Each Additional	\$ 4,720	\$ 5,664	\$ 6,136

#### Federal Poverty Guidelines Used in the Determination of Poverty Exemptions for 2023<sup>1</sup>

MCL 211.7u, which deals with poverty exemptions, was significantly altered by PA 390 of 1994 and was further amended by PA 620 of 2002.

Local governing bodies are required to adopt guidelines that set income levels for their poverty exemption guidelines and those income levels shall not be set lower by a city or township than the federal poverty guidelines updated annually by the U.S. Department of Health and Human Services. This means, for example, that the income level for a household of 3 persons shall not be set lower than \$23,030 which is the amount shown on the following chart for a family of 3 persons. The income level for a family of 3 persons may be set higher than \$23,030. Following are the federal poverty guidelines for use in setting poverty exemption guidelines for 2023 assessments:

Size of Family Unit	Poverty
	Guidelines
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
For each additional	\$4,720
person	

**Note:** MCL 211.7u states that the poverty exemption guidelines established by the governing body of the local assessing unit shall also include an asset level test. An asset test means the amount of cash, fixed assets or other property that could be used, or converted to cash for use in the payment of property taxes. The asset test should calculate a maximum amount permitted and all other assets above that amount should be considered as available. Please see STC Bulletin 3 of 2021 for more information on poverty exemptions.

**Note:** MCL 211.7u allows changed an affidavit (Treasury Form 4988) to be filed for all persons residing in the residence who were not required to file federal or state income tax returns in the current year or in the immediately preceding year. This includes the owner of the property who is filing for the exemption.

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<sup>&</sup>lt;sup>1</sup> State Tax Commission Bulletin 19 of 2022