

PARCEL #: _____ - _____ - _____ - _____ - _____

POVERTY EXEMPTION APPLICATION

PETITIONER INFORMATION:

Name: _____ Age: _____

Name of spouse: _____ Age: _____

Phone: Daytime: (_____) _____ - _____ Evening: (_____) _____ - _____

Cell: (_____) _____ - _____ Work: (_____) _____ - _____

Property Address for which relief is being sought:

Marital Status:

- Married
- Widowed
- Divorced
- Separated
- Single

List all persons living in household during the past year, **other than** yourself and spouse:

Name				
Age				
Relationship to Applicant				
Social Security #				
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation				
Claimed as Dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Income				

Did everyone above live in your household for the entire year? Yes No

If not, please explain: _____

Total number of persons living in household: _____

INCOME

State Law now requires that claimants under MCL 211.7u submit copies of "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." Submit these documents with this application.

Name of employer: _____ Length of time employed _____

Address: _____

Phone number: (_____) _____ - _____ Gross monthly income: _____

1) Household income: List all prior year income FOR YOU AND YOUR SPOUSE from:

- a) Wages/Tips _____
- b) Social Security _____
- c) Soc Sec for resident minors _____
- d) Pensions _____
- e) Interest/Dividends _____
- f) Unemployment Compensation _____
- g) Sub-Pay _____
- h) Workman's Compensation _____
- i) Welfare /Aid to Dependent Children _____
- j) Disability Benefits _____
- k) Lottery/Contest/Raffle _____
- l) Annuities _____
- m) Governmental Assistance _____
- n) Insurance/ Lawsuit Payouts _____
- o) Alimony/Child Support _____
- p) Rental Income _____

TOTAL INCOME \$ _____

2) What was the total income from all sources of income of **EVERYONE** living in your household for the past two (2) years?

a) Last year: \$ _____ Prior Year: \$ _____

3) Does any other person, not listed above make a financial contribution to the household?

_____ Yes _____ No If yes, how much does that person contribute each month?

\$ _____ Person's relationship _____ Person's name _____

- 4) Supplemental Assistance: (List monthly amount of :
 a) Food Stamps _____
 b) Surplus Food _____
 c) Transportation _____

- 5) Is your home paid for? _____ Yes _____ No
 If No:
 a) What is your mortgage/land contract balance? _____
 b) What is your monthly payment? _____
 c) What is the projected pay-off date? _____
 d) Who holds your mortgage/land contract _____
 e) Do you own **any other** property _____ Yes _____ No
If Yes: Attach a copy of your last tax bill.

- 6) Employment Information:
 a) Are you or your spouse currently employed?
 Self: _____ Yes _____ No Spouse: _____ Yes _____ No
 b) If No, how long unemployed?
 Self: _____ Yes _____ No Spouse: _____ Yes _____ No
 c) Are you or your spouse unable to work (disability, etc)?
 Self: _____ Yes _____ No Spouse: _____ Yes _____ No
 d) If YES: Is this condition permanent?
 Self: _____ Yes _____ No Spouse: _____ Yes _____ No
Provide medical documentation of the disability.

- 7) Do you own/lease any automobiles? Self: _____ Yes _____ No Spouse: _____ Yes _____ No

a) If Yes: Please provide the following information:

Year & Make	Price to you	Balance	Monthly payment

- 8) List all other vehicles including trucks, boats, trailers, motorcycles, motor homes, RVs, jet skis, snowmobiles, ATVs etc that are owned by petitioners.

Type	Year & Make	Price to you	Balance	Monthly payment

9) List other loans (credit card or personal debt) or land contracts outstanding

To Whom	Address	Monthly Payment	Current Balance

10) Additional Assets:

Please provide information about any additional assets listed.

Type	Yes	No	Current Balance
Checking Acnt			
Savings Acnt			
Cash			
IRA			
Keogh			
Deferred Comp			
Annuities			
Stocks/Bonds/Funds			
Money Market			
Treasury Bills			
Savings Bonds			

2018 EXPENSE INFORMATION

Average **M-O-N-T-H-L-Y** Expenses:

MONTHLY

House Payment (Principal & Interest)	\$ _____
Life insurance	\$ _____
Health Insurance	\$ _____
Home Insurance (if not included in mortgage payment)	\$ _____
Auto Insurance	\$ _____
Taxes (Principal Residence)	\$ _____
Taxes on other property	\$ _____
Car Payment	\$ _____
Utilities:	
Gas/oil	\$ _____
Electricity	\$ _____

Telephone (land line)	\$ _____
Water/Sewer	\$ _____
Child Care	\$ _____
Cell phone	\$ _____
Food	\$ _____
Clothing	\$ _____
Other loans	\$ _____
Medical	\$ _____
Lawn care/snow removal	\$ _____
Cable/Dish/Internet	\$ _____
Auto Gasoline	\$ _____
Trash/Water softener	\$ _____
Pet	\$ _____
Church/Charity	\$ _____
Other: Memberships/ Misc.	\$ _____
TOTAL EXPENSES	\$ _____

VERIFICATION OF EXPENSES MAY BE REQUIRED

Do you have any major or unusual expenses? _____ Yes _____ No. If yes, please explain:

OTHER INFORMATION

Are your property taxes paid? ____ Yes ____ No

Do you owe delinquent or prior year property taxes? : ____ Yes ____ No

Have you applied for a Homestead Property Tax Credit this year? : ____ Yes ____ No

Have any improvements, changes or additions been made to the property in the past two years? : ____ Yes
____ No

Do you anticipate selling the property for which relief is sought in 2018? : ____ Yes ____ No

Please describe any disability or health problems for yourself or your spouse: _____

Do you anticipate any major changes in income for the coming year? ____ Yes ____ No

A copy of the following is required for the petitioners AND all people that lived in your household the past year.

_____ **2018 Federal Income Tax Return (1040) with W 2s & 1099s**

_____ **2018 Michigan Income Tax Return (MI-1040)**

_____ **2018 Homestead Property tax Credit form (MI-1040CR)**

_____ **2018 Social Security Benefit Statement (SSA-1099)**

_____ **Year-end statements for asset information (See list on page 5 of 8)**

If your application does not include copies of the above documents it will be considered incomplete, and therefore ineligible for a Poverty Exemption.

REQUEST FOR EXEMPTION REQUEST

**STATE OF MICHIGAN
COUNTY OF KENT**

I (we) have read this application and fully understand the contents thereof. I (we) declare under penalty of perjury that the statements made herein are complete, true, and correct to the best of my (our) knowledge. I (we) further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment roll with penalties and interest occurring on the additional tax liability in accordance with Section 211.119 of the Michigan Compiled Laws.

I (we) also understand that any relief granted by this application is for the **current year only**.

NOTICE: Any willful misstatements or misrepresentations made on this form may constitute perjury, which, under MCL 211.116, is a felony punishable by fine or imprisonment.

NOTICE: A copy of your latest federal income tax return, state income tax return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040 CR 1, 2, 3 or 4) must be attached as proof of income. A deed or other evidence of ownership may also be requested.

NOTE: Do not sign until witnessed by the Supervisor, Assessor, Board of Review or Notary Public.

_____ Petitioner _____ Spouse of Petitioner

Subscribed and sworn this _____ day of _____, _____.

Signature: _____
Assessor, Supervisor, Board of Review Member, or Notary Public

This application shall be filed after January 1, but before the day prior to the last day of Board of Review.

FOR BOARD OF REVIEW USE:

Disposition by Board of Review _____ Date: _____

Denied: _____ Approved: _____ Assessment reduced to: _____

Supervisor: _____ Chairperson: _____

Member: _____ Member: _____

Decision may be appealed to the Michigan Tax Tribunal

The following are the poverty guidelines as of **January 14, 2019 from the US Department of Health & Human Services**, for use in setting poverty exemption guidelines **for 2019 assessments**.

Size of Family Unit	Poverty Guidelines
1	\$ 12,490
2	\$ 16,910
3	\$ 21,330
4	\$ 25,750
5	\$ 30,170
6	\$ 34,590
7	\$ 39,010
8	\$ 43,430
For each additional person, add	\$ 4,420