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.									
Petit	oner's Name				Daytime Phone Number				
Age	Age of Petitioner Marital Status			Age of Spouse	Nur	I Dependents			
Prop	erty Address of Principal Residenc	е		City	•	State	ZIP Code		
	Check if applied for Hon	nestead Pro	perty Tax Credit	Amount of Homestead Property Tax Credit					
PA	RT 2: REAL ESTATE IN	FORMATIO	ON						
	t the real estate informater evidence of ownersh				I to provide a	deed, lar	nd contract or		
Prop	erty Parcel Code Number			Name of Mortgage Company					
Unpaid Balance Owed on Principal Residence Monthly Payment					Length of Time at this Residence				
PART 3: ADDITIONAL PROPERTY INFORMATION									
Lis	t information related to a	ıny other pı	operty owned by yo	ou or any member res	siding in the h	ousehold	l.		
	Check if you own, or a the information below		other property. If ch	necked, complete	Amount of Income Earned from 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		
	Name of Owner(s)			Assessed Value	Date of Last Ta	xes Paid	Amount of Taxes Paid		

PART 4: EMPLOYMENT	INFORMATI	ON — List your cui	rrent emp	loyment int	formation.				
Name of Employer									
Address of Employer	City	City			ZIP Code				
Contact Person			Employer	Telephone Nur	mber				
PART 5: INCOME SOUR	CES								
List all income sources retirement accounts), dividends, claims and mortgage, or any other se	unemployme judgments	nt compensation, from lawsuits, alir	disability mony, ch	, governm Id support	nent pensions, t, friend or fam	worker'	s compensation,		
Source of Income Monthly or Annual Income (indicate which)									
							,		
PART 6: CHECKING, SAVINGS AND INVESTMENT INFORMATION									
List any and all savings owned by all household members, including but not limited to: checking accounts, savings accounts, postal savings, credit union shares, certificates of deposit, cash, stocks, bonds, or similar investments, for all persons residing at the property.									
Name of Financial Institution or Investments		Amount on Deposit	Current Interest Rate	nterest		t	Value of Investment		
PART 7: LIFE INSURAN	CE — List all	policies held by all	househo	ld member	S.				
Name of Insured Amount of Policy		Monthly Payments	Policy Paid in Full		Name of Beneficiary		Relationship to Insured		
PART 8: MOTOR VEHIC	LE INFORMA	ATION							
All motor vehicles (including motorcycles, motor homes, camper trailers, etc.) held or owned by any person residing within the household must be listed.									
Make		Year		Monthly Payment		Balance Owed			

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								(Continue on Page
5737, Page 3 of 4	OCCUDANTS	List all	horoono	living i	a the housel	hold			
PART 9: HOUSEHOLD						loid.			
First and Last Name			Age Relationship to Applicant		Place of Employment		\$ Contribution to Family Income		
PART 10: PERSONAL	NERT List al	Inercond	al debt for	all bou	sehold men	here			
Creditor			1		iseriola men	ibers.		al.	
Creditor	Purpose o	Debt	Dat of De				Origir Balan Month Paymo Balance	ce ily	

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		Car Expense (gas, repair, etc.)			
Other (type and amount)		Other (type and amount)	Other (type and amount)			
Other (type and amount)		Other (type and amount)		Other (type and amount)			

Continue and sign on Page 4

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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.

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