

Plymouth Charter Township POVERTY EXEMPTION APPLICATION

I, _____, Petitioner, being the owner and residing at the property that is listed below as my principal residence, apply for property tax relief under MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893. The principal residence of persons who, in the judgment of the township supervisor or city assessor and board of review, by reason of poverty are unable to contribute toward the public charges is eligible for exemption in whole or in part from taxation per MCL 211.7u(1).

In order 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.

PERSONAL INFORMATION: Petitioner must list all required personal information.

Property Address of Principal Residence:	Daytime Phone Number:	
Age of Petitioner:	Marital Status:	Age of Spouse:
Number of Legal Dependents:	Age of Dependents:	
Applied for Homestead Property Tax Credit (yes or no):	Amount of Homestead Property Tax Credit:	

REAL ESTATE INFORMATION: List the real estate information related to your principal residence. Be prepared to provide a deed, land contract or other evidence of ownership of the property at the BOR meeting.

Property Parcel Code Number:	Name of Mortgage Company:	
Unpaid Balance Owed on Principal Residence:	Monthly Payment:	Length of Time at This Residence:
Property Description:		

ADDITIONAL PROPERTY INFORMATION: List information related to any other property you, or any household member owns.

Do you own, or are buying, other property (yes or no)? If yes, complete the information below.		Amount of Income Earned from Other Property:	
Property Address	Name of Owner(s)	Assessed Value	Amount & Date of Last Taxes Paid
		\$	
		\$	

EMPLOYMENT INFORMATION: List your current employment information.

Name of Employer:	Name of Contact Person:
Address of Employer:	Employer Phone Number:

List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRA's (individual retirement accounts), unemployment compensation, disability, government pensions, worker's compensation, dividends, claims and judgments from lawsuits, alimony, child support, friend or family contribution, reverse mortgage, or any other source of income.

Source of Income	Monthly or Annual Income (indicate which)

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.

Name of Financial Institution or Investments	Amount on Deposit	Current Interest Rate	Name on Account	Value of Investment

LIFE INSURANCE: List all policies held by all household members.

Name of Insured	Amount of Policy	Monthly Payment	Policy Paid in Full	Name of Beneficiary	Relationship to Insured

MOTOR VEHICLE INFORMATION: 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

LIST ALL PERSONS LIVING IN HOUSEHOLD: All persons residing in the residence must be listed.

First & Last Name	Age	Relationship to Applicant	Place of Employment	Amount of Monetary Contribution to Family Income

PERSONAL DEBT: All personal debt for all household members must be listed.

Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

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 (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):
Other (list type):	Other (list type):	Other (list type):

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

Notice: Per MCL 211.7u(2b), a copy of all household members federal income tax returns, state income tax returns (MI-1040) and Homestead Property Tax Credit claims (MI-1040CR 1, 2, 3 or 4) must be attached as proof of income. Documentation for all income sources including, but not limited to, credits, claims, Social Security income, child support, alimony income, and all other income sources must be provided at time of application.

Petitioners: Do not sign this application until witnessed by the Supervisor, Assessor, Board of Review or Notary Public. (Must be signed by either the Supervisor, Assessor, Board of Review Member or Notary Public.)

STATE OF MICHIGAN
COUNTY OF _____

I, the undersigned Petitioner, hereby declare that the foregoing information is complete and true and that neither I, nor any household member residing within the principal residency, have money, income or property other than mentioned herein.

_____ Petitioner Signature _____ Date

Subscribed and sworn this _____ day of _____, 20____.

Assessor Signature: _____ Printed Name: _____

BOR Member Signature: _____ Printed Name: _____

Notary Signature: _____ Printed Name: _____

My Commission Expires: _____

This application shall be filed after January 1 to the address below:
March Board of Review: No later than final date to submit written appeals.
July and December Board of Review: Ten days prior to meeting.
Poverty application will only be accepted and action taken one time per year.

Board of Review
c/o Assessing Department
Plymouth Charter Township
9955 N. Haggerty Road
Plymouth, MI 48170-4673

DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED IN WRITING TO THE MICHIGAN TAX TRIBUNAL BY JULY 31 OF THE CURRENT YEAR. JULY OR DECEMBER BOARD OF REVIEW DENIALS MAY BE APPEALED TO MICHIGAN TAX TRIBUNAL WITHIN 30 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE FILING.

Michigan Tax Tribunal
PO Box 30232
Lansing, MI 48909
Phone: 517-373-3003
Fax: 517-373-1633
E-mail: taxtrib@michigan.gov

**POVERTY APPLICATION DECISION
SEV, ASSESSED & TAXABLE VALUES**
Original

2019 SEV _____

2019 Assessed Value _____

2019 Taxable Value _____

**DISPOSITION BY THE BOARD OF REVIEW
(BOARD USE ONLY)**

Date of Hearing _____

Facts Determined _____

ACTION VOTED: SEV Unchanged _____ SEV Changed To _____
 Capped Unchanged _____ Capped Changed To _____
 Hardship Denied _____ Taxable Reduced To _____

ACTION VOTED OF LEGAL OR STATUS NATURE: _____

RECORD OF VOTE – BOARD OF REVIEW (Initial and Date):

_____ Initials _____ Initials _____ Initials Date _____

PLYMOUTH TOWNSHIP BOARD OF REVIEW HARDSHIP CHECKLIST

RECEIVED:

Assessor's
Office Use

Petitioner's
Use

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | PROOF OF OWNERSHIP (Warranty Deed) |
| <input type="checkbox"/> | <input type="checkbox"/> | FORM FROM ASSESSORS OFFICE COMPLETELY FILLED OUT |
| <input type="checkbox"/> | <input type="checkbox"/> | COPY OF FEDERAL INCOME TAX RETURN (For everyone in household) |
| <input type="checkbox"/> | <input type="checkbox"/> | COPY OF STATE INCOME TAX RETURN (For everyone in household) |
| <input type="checkbox"/> | <input type="checkbox"/> | TOTAL OF HOUSEHOLD INCOME (Include everyone) |
| <input type="checkbox"/> | <input type="checkbox"/> | TOTAL OF ALL ASSETS |
| <input type="checkbox"/> | <input type="checkbox"/> | COPIES OF ALL LIABILITIES and ASSETS (Bills, Bank Statements, credit Cards, Medical Bills, Stocks, Bonds) LISTED ON FORM |
| <input type="checkbox"/> | <input type="checkbox"/> | SIGNED AND DATED |

WE CAN'T ACCEPT PAPERWORK UNLESS IT IS COMPLETE

PLEASE BRING THIS DOCUMENT BACK WHEN YOU TURN IN YOUR PAPERWORK.

AN "IN PERSON" APPOINTMENT WITH THE BOARD OF REVIEW MEMBERS IS REQUIRED FOR ALL HARDSHIP APPLICATIONS

PETITIONER'S SIGNATURE _____ DATE _____