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""POVERTY EXEMPTION APPLICATION

I,as my principal residence, app 206 of 1893. The principal re- board of review, by reason of whole or in part from taxation	ly for property tax relief und esidence of persons who, in poverty are unable to contri	ler MCL 2: the judgme	11.7u of the Gen	eral P	ervisor or city assessor and
In order to be considered coregarding all members resid the application. Please write	ing within the household, a	and 3) incl	ude all required		
PERSONAL INFORMATIO	N: Petitioner must list all re	equired per	sonal information	1.	
Property Address of Principal Res	sidence:	Daytime	Phone Number:		
Age of Petitioner:		Marital S	tatus:	Age of Spouse:	
Number of Legal Dependents:		Age of Dependents:			
Applied for Homestead Property	Γax Credit (yes or no):	Amount of Homestead Property Tax Credit:			ax Credit:
REAL ESTATE INFORMA' provide a deed, land contract of Property Parcel Code Number:		of the pro		meeti	
Unpaid Balance Owed on Principal Residence:		Monthly Payment:		Length of Time at This Residence:	
Property Description:					
ADDITIONAL PROPERTY member owns.	INFORMATION: List info	rmation rela	ated to any other	prope	rty you, or any household
Do you own, or are buying, other information below.	property (yes or no)? If yes, con	nplete the	Amount of Incor	ne Ear	ned from Other Property:
Property Address	Name of Owner(s)		Assessed Val	ue	Amount & Date of Last Taxes Paid
			\$		
			\$		

EMPLOYMENT INFORM	IATION: List your	current	employmen	informa	ition.		
Name of Employer: Name of			of Contac	Contact Person:			
Address of Employer:			•	Employer Phone Number:			
List all income sources, incl retirement accounts), unemp claims and judgments from l source of income.	loyment compensat	ion, dis	sability, gove	rnment j	pensions, worke	er's compei	nsation, dividends,
Source of Income				Monthly or Annual Income (indicate which)			
CHECKING, SAVINGS A members, including but not l certificates of deposit, cash, s	imited to: checking stocks, bonds, or sin	accoun	nts, savings a vestments.		-	_	n shares,
Name of Financial Institution or Investments Amount on Deposi		osit I	Current it Interest Rate		Name on Account		Value of Investment
LIFE INSURANCE: List a	ll policies held by a	ll house	ehold membe	rs.			
Name of Insured	Amount of Policy	Mor	nthly Pol	cy Paid r Full	Name of Beneficiary		Relationship to Insured
MOTOR VEHICLE INFO					orcycles, motor	homes, car	mper trailers, etc.)
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:	Heath 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.)

			e and true and that neither I, nor any perty other than mentioned herein.
	Petitioner Signature		Date
Subscribed and sworn this	day of	······································	
Assessor Signature:		Printed Name:	
BOR Member Signature:		Printed Name: _	
Notary Signature:		Printed Name: _	
My Commission Expires:			

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