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, 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 requi	red ne	regnal information			
Property Address of Principal Residence:		time Phone Number:			
Email:	Mar	ital Status:			
Number of Legal Dependents:	Age	Age of Dependents:			
REAL ESTATE INFORMATION: List the real estate infor					
Property Parcel Code Number:	Name (of Mortgage Compan	y:		
Unpaid Balance Owed on Principal Residence:	Monthly Payment: Length of Time at		Length of Time at This Residence:		
ADDITIONAL PROPERTY INFORMATION: List information related to any other property you, or any member residing in the household owns.					
Do you own, or are buying, other property (yes or no)? If yes, comple information below.	ete the	Amount of Income	Earned from Other Property:		
Property Address		Assessed Value	Owners		
		\$			
		\$			

Name of Employer:	er:			Name of Contact Person:				
Address of Employer:				***************************************	Employer Phone Number:			
APPLICANT INCOME: Lipensions, IRA's (individu worker's compensation, dividu contribution, scholarships, gr	al retirement acco	unts), I judgn	unemp	loymen from la	t compo	ensation, disab alimony, chile	oility, gover d support,	nment pensions, friend or family
So	urce of Income				Monthly or Annual Income (indicate which)			
					-			
CHECKING, SAVINGS AN members, including but not certificates of deposit, cash, s	limited to: check	ing ac	counts,	saving	gs acco	unts, postal sa	vings, cred	lit union shares,
Name of Financial Institution or Investments	Amount on Deposit Current Interest Rate			Name on Account		Value of Investment		
		_						
LIFE INSURANCE: List al								·
Name of Insured	Amount of Policy Monthly Payment				y Paid Full			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 THE HOUSEHOLD: 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, scholarships, grants, reverse mortgage, or any other source of income, for all

persons residing at the property.

First & Last Name	Age	Relationship to Applicant	Place of Employment	Income

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

	personal deet for all the				
Creditor	Purpose of Debt	Date of Debt	Original Balance	Monthly Payment	Balance Owed

**OTHER CIRCUMSTANCES:** List any other financial hardships you wish the Board to be aware:

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 or a signed Form 4988, Poverty Exemption Affidavit. 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.

I, the undersigned Petit household member resi	ioner, hereby declare that the foregoding within the principal residency,	oing information is complete a have money, income or prope	and true and that neither I, nor any erty other than mentioned herein.
	Petitioner Signatu	re	Date
This application shall be the local jurisdiction.	e filed after January 1, but before th	e day prior to the last day of t	the December Board of Review to
********	***********	***********	*****
FOR BOARD OF I	REVIEW USE		
Disposition by the I	Board	Date:	
DENIED	REASON	•	
APPROVED:	REDUCTION:	AMOUNT:_	
SUPERVISOR			***************************************
MEMBER BOR		-	
MEMBER BOR			
MEMBER BOR		and of departments in	

DECISIONS OF THE MARCH BOARD OF REVIEW MAY BE APPEALED BY PETITION 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 BY PETITION WITHIN 35 DAYS OF THE DENIAL. A COPY OF THE BOARD OF REVIEW DECISION MUST BE INCLUDED WITH THE PETITION.

Michigan Tax Tribunal PO Box 30232 Lansing, MI 48909 Phone: 517-373-4400

## **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.

l,	, swear and aff	firm by my signature below that I
reside in the principal residence	that is the subject of this Applicati	on for Poverty Exemption and that
for the current tax year and the p tax return.	receding tax year, I was not requir	red to file a federal or state income
Address of Driveinal Decidences		
Address of Principal Residence:		
Signature of Per	son Making Affidavit	Date