## Application and Affirmation 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 where the property is located in each year on or after January 1 but before the day prior to the last day of the board of review. Poverty Exemptions may be heard by the Board of Review during its March, July, and December sessions.

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.

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PAR	T 1: PERSONAL INFOR	RMATION -	– Petitioner must li	st all required persona	al informa	ation.				
Petitioner's Name					Daytime Phone Number					
Age of	Petitioner	Age of Spouse	Number of Legal Dependent			Dependents				
Proper	ty Address of Principal Residence		City			State	ZIP Code			
PAR	T 2: REAL ESTATE INF	ORMATIO	N							
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 Board of Review meeting.										
Proper	ty Parcel Identification Number			Name of Mortgage Company						
Unpaid	Balance Owed on Principal Resid	Monthly Payment		Length of Time at this Residence						
Property Description										
PAR	T 3: AFFIRMATION OF	OWNERSI	HIP. OCCUPANCY.	AND INCOME STAT	<b>US</b> (Che	ck all	boxes tl	hat apply.)		
PART 3: AFFIRMATION OF OWNERSHIP, OCCUPANCY, AND INCOME STATUS (Check all boxes that apply.)										
	I own the property in wh	nich the exe	emption is being cia	aimea.						
The property in which the exemption is being claimed is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.										
PART 4: ADDITIONAL PROPERTY INFORMATION										
List information related to any other property owned by you or any member residing in the household.										
Check if you own, or are buying, other property. If che information below.				ecked, complete the				m other Property		
	Property Address			City			State	ZIP Code		
1	Name of Owner(s)			Assessed Value Date		Date of Last Taxes Paid		Amount of Taxes Paid		
	Property Address			City	1		State	ZIP Code		
2	Name of Owner(s)			Assessed Value	Date of Last Taxes Paid			Amount of Taxes Paid		

PART 5: EMPLOYMENT INFORMATION — List your current employment information.											
Name of Employer											
Address of Employer		City				State	ZIP Code				
Contact Person			Employer	Telephone	Number						
PART 6: INCOME SOUR	CES										
List all income sources, including but not limited to: salaries, Social Security, rents, pensions, IRAs (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, for all persons residing at the property.											
	Source	Monthly or Annual Income (indicate which)									
							(				
PART 7: 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 n Deposit	Current Interest R		Name on Accou	lame on Account				
PART 8: LIFE INSURANCE	E — List al	II poli	cies held by a	II househo	ld memb	ers.		1			
Amount of Name of Insured Policy		I	Monthly Payments		Paid in ull	Name of Benef	Relationship to Insured				
PART 9: MOTOR VEHICL	E INFORM	IATIO	N	'		1		1			
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			nthly Payment	Balance Owed				
Marc			1001		14101	monany i dymont					

PART 10: HOUSEHOLD O	CCUPANTS	— List all	persons	living	in the housel	hold.			
First and Last Name					elationship Applicant	Place	ace of Employment		\$ Contribution to Family Income
							1	•	
PART 11: PERSONAL DE	BT — List all	personal d	lebt for a	ıll hoı	usehold memb	oers.			
			Dat	:e					
Creditor	Purpose	of Debt	of De	ebt Original Balar		ance N	/lont	hly Payment	Balance Owed
PART 12: MONTHLY EXP	ENSE INFOR	RMATION							
The amount of monthly expnecessary.	penses relate	ed to the pr	incipal re	eside	nce for each o	ategor	y mu	ist be listed. Ir	ndicate N/A as
Heating	Electric	Water					Phone		
Cable			Clothi			Health Insurance			
Garbage	Daycare	Daycare				Car Expense (gas, repair, etc.)			
Other (type and amount)	Other (type and amount)				Othe	Other (type and amount)			
Other (type and amount)	Other (type and amount)				Othe	Other (type and amount)			

**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 13: 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 14: LEGAL DESIGNEE INFORMATION (Complete if applicable.)									
Legal Designee Name				Daytime Telephone Number					
Mailing Address		City		State	ZIP Code				
PART 15: 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 30 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760 Email: <a href="mailto:taxtrib@michigan.gov">taxtrib@michigan.gov</a>