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 per				Daytime Phone Number				
and of the state o								
ge of Petitioner	Marital Status		Age of Spouse	Dependents				
perty Address of Principal Residence			City	•	State	ZIP Code		
Check if applie	ed for Homestead Pr	Amount of Homestead Property Tax Credit						
ART 2: REAL ES	TATE INFORMATIO	N						
ist the real estate	information related t	o your principal rea	sidence. Be prepared view meeting.	I to provide a	deed, lar	nd contract or oth		
roperty Parcel Code Number			Name of Mortgage Company					
Inpaid Balance Owed on Principal Residence Monthly Payment				Length of Time at this Residence				
	56							
roperty Description		FORMATION						
PART 3: ADDITIO	NAL PROPERTY IN		ou or any member re	siding in the h	nousehok	d.		
PART 3: ADDITIO	NAL PROPERTY IN ated to any other pro own, or are buying, o	operty owned by yo	ou or any member re necked, complete the	Amount of Inc	nousehold ome Earned	d. from other Property		
PART 3: ADDITIO	NAL PROPERTY IN ated to any other pro own, or are buying, o	operty owned by yo	the second secon	Amount of Inc	nousehold ome Earned	d. from other Property		
PART 3: ADDITIO List information religion information by the content of the cont	NAL PROPERTY IN lated to any other pro own, or are buying, o elow.	operty owned by yo	necked, complete the	Amount of Inc	ome Earned	from other Property		
PART 3: ADDITIO List information religion information by Property Address	NAL PROPERTY IN lated to any other pro own, or are buying, o elow.	operty owned by yo	city	Amount of Inco	ome Earned	from other Property ZIP Code		

			-	rrent employ					
				City			State	ZIP Code	
ddress of Employer				City			State	211 3000	
ontact Person				Employer Tele	phone Nu	mber			
ART 5: INCOME SOURCE	CES								
List all income sources, in accounts), unemployment udgments from lawsuits, income, for all persons re	compensati alimony, chi	on, dis ld sup	sability, gove port, friend o	rnment pensi	ons. wo	orker's compensa	tion, aiv	idenas, ciaims and	
Source of Income						Monthly or Annual Income (indicate which)			
							_		
PART 6: CHECKING, SA	VINGS AND	INVE	STMENT IN	FORMATION	l				
List any and all savings accounts, postal savings, persons residing at the properties of the propertie	credit unior	all hou share	sehold memes, certificate	nbers, includi es of deposit,	ng but cash, s	not limited to: ch stocks, bonds, or	necking similar	accounts, savings investments, for a	
Name of Financial Institution or Investments		7.2	Amount Current Interest Rate			Name on Account			
	1					Name on Accou	nt	Value of Investment	
	1					Name on Accou	nt		
or Investments	5	on	Deposit	Interest Rate			nt		
	5	on Il polic of	Deposit	Interest Rate	membe				
or Investments PART 7: LIFE INSURAN	CE — List a	on Il polic of	Deposit ies held by a	Interest Rate	membe	ers.		Investment Relationship t	
or Investments PART 7: LIFE INSURAN	CE — List a	on Il polic of	Deposit ies held by a	Interest Rate	membe	ers.		Investment Relationship t	
PART 7: LIFE INSURAND Name of Insured	CE — List a Amount Policy	on II polic	ies held by a Monthly Payments	Interest Rate	membe aid in	ers. Name of Bene	ficiary	Relationship to Insured	
or Investments PART 7: LIFE INSURAN Name of Insured	CE — List a Amount Policy LE INFORM	on II polic	ies held by a Monthly Payments	Interest Rate	membe aid in	ers. Name of Bene	ficiary	Relationship to Insured	

PART 9: HOUSEHOLD OC	CUPANTS -	- List all pe	ersons liv	/ing i	n the househ	old.			
First and Last Name		Age		Relationship to Applicant		Pla	Place of Employment		\$ Contribution to Family Income
PART 10: PERSONAL DEB	BT — List all	personal d	ebt for a	II ho	usehold mem	bers.			
Creditor	Purpose o	of Debt	Date of Debt		Original Balan		e Monti	hly Payment	t Balance Owed
PART 11: MONTHLY EXPE	NSE INFOR	RMATION							
The amount of monthly ex necessary.	penses relat	ed to the p	orincipal	resid	dence for eac	ch ca	tegory	must be liste	d. Indicate N/A as
Heating	Electric	Electric		Water			Phone		
Cable	Food			Clothing			Health Insurance		
Garbage		Daycare	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)		

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 ACKNOW	VLEDGMENT					
The governing body of the local assessing unit studed for the granting of exemptions under MCL 2 the federal poverty guidelines published in the priof Health and Human Services under its authorit adopted by the governing body of the local asseligibility requirements less than the federal guidentees specific income and asset levels of the claim persons must not exceed the limits set forth in the	211.7u. In order to be eligible for the exemption or calendar year in the Federal Register by the Uy to revise the poverty line under 42 USC 9902 essing unit so long as the alternative guideline delines. The policy and guidelines must include and total household income and assets. The	the applicant must meet Jnited States Department, or alternative guidelines es do not provide income de, but are not limited to, ne combined assets of all				
The applicant has reviewed the applicable specific income and asset levels of the claim	e policy and guidelines adopted by the city o mant and total household income and assets.	r township, including the				
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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