

# INSTRUCTIONS FOR APPLICANT REQUESTING CONSIDERATION FOR A POVERTY EXEMPTION

1. Applicant must obtain the proper application from the Assessing Department. Handicapped or infirm applicants must call the Assessing Department to make necessary arrangements for assistance. They can be reached at (231) 922-4759.
2. Applicants must be owners of the property and reside there.
  - A. Must produce driver's license or other acceptable methods of identification.
  - B. Must produce a deed, land contract or other evidence of ownership if Assessor requests it.
3. Applicant must fill out application form in its entirety and return it, in person, to this office, except as noted in item 1 above.
  - A. Must not sign it until returned.
  - B. Application must be witnessed by the Assessing Officer or Board of Review.
4. All applicants and persons residing within the household will submit last year's copies of the following:
  - A. Federal Income Tax Return – 1040 or 1040A.
  - B. State Income Tax Return – MI-1040.
  - C. Homestead Property Tax Claim – MI-1040CR (submitted only by property owner)
5. Applications must be filed with the Supervisor/Assessing Department or the Board of Review on or after January 1st but before the day prior to the last day of the Board of Review at which the application is to be reviewed.
6. Applications may be reviewed by the Board without applicant being present. However, the Board may request that an applicant be physically present to respond to any questions the Board or Assessor may have. This means that you may be called to appear on short notice.
7. You may have to answer questions regarding your financial affairs, your health, and the status of people living in your home before the Board of Review, at a meeting which is open to and may be attended by the public at large.
8. Applicants appearing before the Board of Review will be administered an oath, as follows:

“Do you \_\_\_\_\_ swear and affirm that evidence and testimony you will give in your own behalf before the Board of Review is the truth, the whole truth, and nothing but the truth, so help you.”
9. The Supervisor shall make a recommendation to the Board of Review regarding a decision in regards to the disposition of all individual poverty claims. However, it is the Board of Review which approves or denies the exemption request.
10. Applicants will be evaluated based on:
  - A. Data submitted to the Board of Review by petitioner.
  - B. Testimony taken from petitioner and information gathered from any source the Board of Review may wish to use.
11. The Board of Review will also consider all revenue and non-revenue producing assets owned by the petitioner in its deliberation as to whether relief should be granted.
12. The Board of Review can only grant property tax exemption based on poverty for the current year.
13. A successful applicant may be subject to investigation of documentation by the Township. This would be done to verify information submitted or statements made to the Assessor, Supervisor, or Board of Review in regard to their poverty tax exemption claim.
14. The Assessor may tape record and will keep minutes of all proceedings before the Board of Review and all meetings must be held in a municipal building.

PARCEL #: \_\_\_\_\_

## 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.

I, \_\_\_\_\_, swear and affirm by my signature below that I reside in the principal residence that is the subject of this Application for Poverty Exemption and that for the current tax year and the preceding tax year, I was not required to file a federal or state income tax return.

Address of Principal Residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Affidavit

\_\_\_\_\_  
Date

# POVERTY EXEMPTION APPLICATION

PARCEL #: \_\_\_\_\_

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 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 print 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
		\$	
		\$	
		\$	

PARCEL #: \_\_\_\_\_

**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

PARCEL #: \_\_\_\_\_

**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	Monthly Earnings	Monthly House Contributions

**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):

PARCEL #: \_\_\_\_\_

**LIST OF ASSETS:** List all other assets owned or controlled by you and their value. For example: Boats, coin collections, art objects, antiques, silver, gold, etc.

Type of Asset	Owner of Asset (If Different from Applicant)	Value of Asset
		\$
		\$
		\$
		\$
		\$
		\$

If there is any further information that you would like to add, do so here:

PARCEL #: \_\_\_\_\_

**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 Assessor or a member of the Assessor's Office**

\* \* \* \* \*

STATE OF MICHIGAN                 )  
  ) SS.  
COUNTY OF GRAND TRAVERSE    )

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

Subscribed and sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Assessing Department Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

This application shall be filed on or after January 1, but before the day prior to the last day of March, July or December Board of Review to the address below. Bring fully completed application and attachments to:

Assessing Department  
East Bay Charter Township  
1965 N. Three Mile Road  
Traverse City, MI 49696

PARCEL #: \_\_\_\_\_

**For Board of Review Only**

Disposition by Board of Review:

Date: \_\_\_\_\_

\_\_\_\_\_ Denied

\_\_\_\_\_ Reduced to: T/V \$ \_\_\_\_\_

A/V \$ \_\_\_\_\_

Board of Review Member's Signatures & Printed Name:

Assessor's Signature & Printed Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# AUTHORIZATION TO RELEASE INFORMATION

Michigan Department of Human Services

Grantee Name				
Grantee Client ID				
Case Number				
County	District	Section	Unit	Specialist
Date				

COMPLETION: Required. PENALTY: Possible denial of poverty exemption application
Parcel Number:

To Whom It May Concern:

You are authorized to release the following information to the East Bay Charter Township Assessing Department

REQUESTED INFORMATION: Any & All Information pertaining to my case. Department of Human Services will be allowed to send to the East Bay Charter Township Assessing Department any documents pertaining to my case including any documents containing social security numbers.		
FOR THE PURPOSE OF: Verification of income, as I have applied for exemption from property taxes for the East Bay Charter Township.		
Signature of Client	Date	Client's Complete Address

## NOTE TO ADDRESSEE:

USE REVERSE SIDE AND ATTACH DOCUMENTS IF NECESSARY		
Your Signature	Title	Date