

East Bay Charter Township Poverty Exemption Application

I, _____, being the owner and resident of the property listed below, desire to apply for tax relief under Section 7u of the Michigan General Property Tax Act. (The real and personal property of persons, who, in the judgment of the Supervisor/Assessor and the Board of Review, by reason of poverty, are unable to contribute toward the public charges, are exempt from taxation under this Act.)

Property Description

Parcel Number: _____ Phone No.: _____

Address: _____ Age of Applicant: _____

Marital Status: Married Single Separated Divorced Widow Widower

Real Estate

Is your home paid in full? Yes No If not, what is the unpaid balance? \$ _____

Name of Mortgage Company: _____

Monthly Payments: \$ _____ How long have you lived at this address? _____

Do you own, or are you buying, any other property? If so, list below:

Property Address	Title Holder of Property	Assessed Value	Amount & Date of Last Taxes Paid

Income from property: _____

Additional Information

Employer: _____

List all income from salaries, social security, rents, pension, unemployment compensation, disability, government pensions, dividends, workmen’s compensation, union claims and lawsuits, alimony, child support or any other source. (provide 1099 support for each item)

Source of Income	Monthly Amount

Bank Accounts and Savings: List all bank accounts owned by your or your spouse. Also list all savings certificates, postal savings and cash in deposit box, on hand, or on deposit in credit unions.

Name of Institution	Name on Account	Amount on Deposit	Amount and Date

List all stocks, bonds, mortgages or land contracts owned by you or your spouse.

Insured	Face Amt. Of Policy	Monthly Payment	Paid Up Policies	Name of Beneficiary	Relationship Of Beneficiary

Motor vehicles in household: (ex. cars, motorcycles, watercraft, snowmobiles and motor homes)

Make	Year	Monthly Payment	Balance

List below all persons living with you:

Name	Age	Relationship	Are they Working?	How much money do they contribute?

Personal Debts: What do you owe?

To Whom	For What	Date of Debt	Original Amount	Monthly Payment	Balance

Other Debts: List all other monthly obligations.

To Whom	Amount	To Whom	Amount

Is there any further information you wish to add? _____

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: A copy of your latest Federal Income Tax Return, State Income Tax Return (MI-1040) and your Homestead Property Tax Credit claim (MI-1040 CR-1, 2, 3 or 4) must be attached as proof of income.

DO NOT SIGN UNTIL WITNESSED BY THE ASSESSOR OR BOARD OF REVIEW.

STATE OF MICHIGAN
COUNTY OF _____

The undersigned, being duly sworn, deposes and says that the statements made in the foregoing application are true and that he/she has no money, income or property other than that mentioned herein.

Petitioner's Signature

Subscribed and sworn to me this _____ day of _____, 20____.

Assessing Officer or Member, Board of
Review or Notary Public

This application must be returned to the Board of Review 2 days prior to the last day of the March, July or December Board Of Review.

FOR BOARD OF REVIEW USE ONLY

Disposition by Board of Review

Date: _____

_____ Denied

_____ Reduce to \$ _____

Board of Review

Supervisor/Assessor

Instruction for Applicant Requesting Consideration for a Poverty Exemption

1. Applicants must obtain the proper applications from the Assessor's Office. Handicapped or infirmed applicants may call the Assessor's Office to make necessary arrangements for assistance.
2. Applicants will not be eligible for consideration if they do not meet the Federal and Township Poverty Guidelines.
3. Applicants must be owners of the property and reside therein.
 - a. Must produce a 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.

Applicants must fill out the application form in its entirety and return it, in person, to the East Bay Charter Township, 1965 N. Three Mile Rd., Traverse City, Michigan, except as noted in Item 1 above.

- a. Application must not be signed until it is returned.
 - b. Application must be witnessed by the Supervisor/Assessing Officer or Board of Review member.
4. All applicants must 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

Important: the law requires the applicant to file and produce an income tax return even if that return is a zero filing.

6. Applications must be filed with the Supervisor or Board of Review after January 1st but before the day prior to the last day of the Board of Review.
7. Applications may be reviewed by the Board without the applicant being present. However, the Board may request that an applicant be physically present to respond to any questions the Board of Assessor may have. This means that you may be called in to appear on short notice.
8. You may have to answer questions regarding your financial affairs, your health or the status of people living in your home before the Board at a meeting which is open to and will be attended by the public.
9. Applicants appearing before the Board will be administered an oath as follows:

“Do you _____ swear and affirm that the 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.”

Applicant responds, “I do” or “I will”.
10. The Supervisor/Assessor must agree to the Board's decision in regards to the disposition of all

individual poverty claims or the decision is null and void.

11. Applicants will be evaluated based on:

- a. Data submitted to the Board by the petitioner.
- b. Testimony taken from petitioner and information gathered from any source the Board may wish to use.

12. The Board will also consider all revenue and non-revenue producing assets owned by the petitioner in its deliberations as to whether relief should be granted.

13. The Board will consider granting property tax relief based on the receipt of an annual poverty exemption application filed, complete and timely.

14. A successful applicant may be subject to personal investigation by the Township. This would be done to verify information submitted or statements made to the Assessor or Board of Review in regard to their poverty tax exemption claim.

15. 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.

Deliver your application to:

East Bay Charter Township
1965 N. Three Mile Rd.
Traverse City, MI 49686

If you need help or have questions, please call (231) 922-4759 East Bay Township Assessing Office.

Following are the federal and township poverty guidelines for use in setting poverty exemption guidelines for 2017 assessments.

Size of Family Unit	Poverty Guidelines	Township Guidelines
1	\$11,880	\$14,880
2	\$ 16,020	\$19,020
3	\$ 20,160	\$23,160
4	\$ 24,300	\$27,300
5	\$ 28,440	\$31,440
6	\$ 32,580	\$35,580
7	\$ 36,730	\$39,730
8	\$ 40,890	\$43,890
For each additional person, add	\$ 5,200	\$5,200