

## INSTRUCTIONS FOR POVERTY EXEMPTION APPLICATION

Before you begin filling out the application please review the income guidelines (attachment A). If under these guidelines you would qualify for a poverty exemption, please review the asset guidelines (attachment B) to see if you would pass the asset test for the township. If you fall within both categories (income and asset) than please fill out the application which starts on Page 1 of the Poverty Exemption Application Information.

1. Complete all sections of the application, if a section is not applicable to you please enter that it does not apply, do not leave any area blank.

2. Submit a completed and signed copy of the following:

Current Federal/State Income Tax Return for you and all other occupants of your home  
Immediately preceding year Federal/State Income Tax Return for you and all other occupants of your home.

**PA 135 of 2012** changed the requirements for filing documentation in support of a poverty exemption to allow an affidavit (Treasury Form 4988) to be filed for all persons residing in the residence who were not required to file federal or state income tax returns in the current year or in the immediately preceding year. This does include the owner of the property who is filing for the exemption. Form 4988 is attached.

Income Verification

Copy of Driver's License or other State Identification

Copy of the Deed to your home if requested.

Any other documentation required by completing the form

3. If an occupant of your home is not employed but has income from any other source, you must show the income on your application.
4. The application must be legible, if you need to provide additional information, please attach a separate sheet; do not write in the margins of the application.
5. Do not submit originals of supporting documentation as they will not be returned.
6. If the application is incomplete it may be considered ineligible for a poverty exemption.
7. If you are allowing another party to represent you a document containing that information with your signature is required.

Should you have any questions regarding the application please contact the assessor for clarification at 269-749-9108.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Age** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_

**Cell Phone Number** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant's Married Status:** \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Other

**Employment Status:** \_\_\_\_\_ Employed Full Time \_\_\_\_\_ Employed Part Time \_\_\_\_\_ Laid Off

\_\_\_\_\_ Disabled \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed \_\_\_\_\_ Other

**Usual Occupation:** \_\_\_\_\_

**If un-employed, laid off, disabled or retired, how long have you been at this status?** \_\_\_\_\_

**Describe any disability or health problems you have:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Spouse's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Employment Status:** \_\_\_\_\_ Employed Full Time \_\_\_\_\_ Employed Part Time \_\_\_\_\_ Laid Off

\_\_\_\_\_ Disabled \_\_\_\_\_ Retired \_\_\_\_\_ Unemployed \_\_\_\_\_ Other

**Usual Occupation:** \_\_\_\_\_

**If un-employed, laid off, disabled or retired, how long has your spouse been at this status?** \_\_\_\_\_

**Describe any disability or health problems your spouse may have** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other persons currently residing in homestead (include ALL persons):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employment Status: \_\_\_\_\_ Employer \_\_\_\_\_

Dependent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employment Status: \_\_\_\_\_ Employer \_\_\_\_\_

Dependent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employment Status: \_\_\_\_\_ Employer \_\_\_\_\_

Dependent? \_\_\_\_\_ Yes \_\_\_\_\_ No

If additional persons reside in home, please attach an additional paper.

**Does any person listed above, or ANY other people make a financial contribution to the household? \_\_\_\_\_**

If yes, how much does the person(s) contribute each month?

Person's Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Person's Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Person's Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Information about the Homestead Property which you are requesting a poverty exemption on.**

Are you and/or your spouse (as listed) the **sole** owners of this homestead? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, who else has any interest in this property? \_\_\_\_\_

Explain what interest this person has \_\_\_\_\_

\_\_\_\_\_

Are you free to sell this property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain why \_\_\_\_\_

Is anyone other than yourself (spouse, if married), allowed to place any mortgage or use this property as collateral? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain who has this right and why \_\_\_\_\_

\_\_\_\_\_

When was this property purchased? \_\_\_\_\_ When did you first occupy this homestead? \_\_\_\_\_

Is there a mortgage or land contract balance on this property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who is responsible for the mortgage payments? \_\_\_\_\_

What year was the mortgage taken out? \_\_\_\_\_ Balance of Mortgage \_\_\_\_\_

Does the mortgage cover more than this property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list other property included in mortgage \_\_\_\_\_

Monthly payment? \_\_\_\_\_ Does the payment include taxes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mortgage company name \_\_\_\_\_

Do you, your spouse, or **ANY** other person residing in the homestead or having any interest in this homestead have any financial interest in other real estate? \_\_\_\_ Yes \_\_\_\_ No.

If yes, provide the following information concerning that financial interest:

Location of property: \_\_\_\_\_

Location of property: \_\_\_\_\_

\*\*Attach a list of additional real estate owned.

Are there currently any judgements that have been placed on or are currently pending on the property which you are requesting a poverty exemption on? \_\_\_\_ Yes \_\_\_\_ No.

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must attach the current deed and any other documentation showing your proof of ownership in the property. If someone other than you (and or your spouse) have any interest in the property you must attach the document(s) showing the ownership.

Who is currently responsible for paying the property taxes? \_\_\_\_\_

If someone other than yourself (and or spouse) have an interest in this property is that person responsible for paying any part of the property taxes? \_\_\_\_ Yes \_\_\_\_ No.

Has anyone paid the property taxes on this property other than yourself (and or spouse) in the current or one-year previous tax year? \_\_\_\_ Yes \_\_\_\_ No.

If yes, explain who paid the taxes and why \_\_\_\_\_  
\_\_\_\_\_

Is there a court order which orders someone other than yourself (and or spouse) to pay the property taxes? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain who the court has ordered to pay the property taxes \_\_\_\_\_  
\_\_\_\_\_

## Income Data

**LIST ALL SOURCES OF PERSONAL INCOME. INCOME INCLUDES ALL MONEY COMING INTO THE HOUSEHOLD FROM ANY SOURCE OR PERSON** (see attachment A and attachment B for income and asset information)

Total **annual** income for the **ENTIRE** household by category:

Employment \$ _____	Pension \$ _____
Social Security \$ _____	Unemployment \$ _____
Workman's Comp \$ _____	State/Fed Assistance \$ _____
Alimony \$ _____	Interest/Dividends \$ _____
Child Support \$ _____	Disability Insurance \$ _____
Gifts/Other \$ _____	

Household Income by Person:

List the total income for each person residing in the household, **attach additional sheets if necessary.**

	Name	Total Income 2020
Petitioner	_____	\$ _____
Spouse	_____	\$ _____
Other person	_____	\$ _____
Other person	_____	\$ _____

**Asset Data**

**List all assets - Assets must be completed for the entire household.**

Cash \$ \_\_\_\_\_  
Savings Account \$ \_\_\_\_\_  
Checking Account \$ \_\_\_\_\_  
Stock & Bonds \$ \_\_\_\_\_  
IRA/401k \$ \_\_\_\_\_  
Certificate of Deposits \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_  
Trust funds \$ \_\_\_\_\_

Other assets not listed above (this may include artwork, recreational vehicles, equipment, jewelry, antiques, collectibles ((see attachment B)).

\$ \_\_\_\_\_

Attach additional listing of assets on a separate piece of paper if needed.

**Vehicles**

List the vehicles of the members of the homestead, include leased vehicles by any member of the household:

Driver or Owner Name	Year	Make	Model
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Expenses**

**Monthly household expenses**

What	Amount	Name of person who pays this if paid by the applicant(s) list applicant's name
House Payment	\$ _____	_____
Water	\$ _____	_____
Electricity	\$ _____	_____
Heating	\$ _____	_____
Telephone	\$ _____	_____
Cell Phone	\$ _____	_____
Cable TV	\$ _____	_____
Internet	\$ _____	_____
Other: Describe _____	\$ _____	_____
_____	\$ _____	_____

**Medical Expenses** (Which are the responsibility of the applicant(s))

Annual medical expenses paid for by the applicant(s) for the previous year  
\$ \_\_\_\_\_

**Debt** (List any debt that applicant is RESPONSIBLE for)

List	Monthly Payment	Balance of Debt	Responsible party
_____	_____	_____	_____
_____	_____	_____	_____



Please use this space to add any additional comments you feel are necessary for the Board to review your application for poverty exemption.

**Applicant Certification:**

I am (We are) unable to pay the property taxes by reason of poverty on the above described property and hereby make application for property tax relief in accordance with Section 211.7u of the Michigan Compiled Laws. I (We) have read this application and fully understand the contents thereof. I (We) declare to the best of my (our) knowledge that the statements made are complete, true and correct. I (We) further understand that if any information contained herein is found to be false or incomplete, any and all relief granted by this application will be forfeited and placed back on the assessment and tax roll with penalties and interest incurred on the additional tax liability

Applicant's Signature

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Date

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Spouses's Signature

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Date

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